University of Alberta

"Christian Physicians for China": The Professionalism & Self-Sacrifice of Cheeloo Medical Graduates, 1917-1980

by

David Luesink ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the

Requirements for the degree of Master of Arts

in

History

Department of History and Classics

Edmonton, Alberta

Fall 2004

Library and
Archives Canada

Published Heritage
Branch

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque et
Archives Canada

Direction du
Patrimoine de l'édition

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence
ISBN: 0-612-95642-3
Our file Notre référence
ISBN: 0-612-95642-3

The author has granted a non-exclusive license allowing the Library and Archives Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou aturement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

Canadä

Acknowledgements

This project could not have been completed without the insights, encouragement, and support of many people and institutions.

I could not have begun research without the faithful work of those who work so thanklessly at the Inter-library loan office at the University of Alberta, and elsewhere in North America. I was pleased by the helpfulness of archivists in Toronto, Philadelphia and New Haven who allowed me latitude in their reading rooms.

Professors Ryan Dunch and Jennifer Jay at the University of Alberta have given me ideas and direction when I had too many of each, and have supported me generously with their time throughout my time in Edmonton. Professor Dunch also was generous with his SSHRC funding in sending me to Washington, D.C. to do research for him, thus allowing me to also do my own research in the U.S.

Other faculty in the history department have given me insight at conference presentations, in particular Dr. David Johnson who was perceptive enough to direct me to the professional accomplishments of the Cheeloo graduates. Also Professors Sinh Vinh, Guy Thompson and Dennis Sweeney have given me guidance in class and out. Professors Patricia Prestwich and Susan Smith have graciously given me help based on their expertise in the history of medicine when they had no formal obligation to me.

My fellow graduate students at the University of Alberta have listened to my ideas and read drafts of chapters, and most importantly, have given me encouragement that I am an historian. In particular, thanks to Neil, Tolly, Angeles, Matt, John and Jen for helping me get through this project.

Thanks also go to Liu Shan Shan, my Chinese tutor from Jinan who helped ensure accurate translations of the Chinese literature about Cheeloo and helped me learn simplified characters.

Thank you also to my parents who have supported me with their love and sometimes in other very tangible ways. Thank you also to Jon, Jill, Eric, Greg, and Mallory for all of your love and support.

Table of Contents

Introduction: The Cheeloo Spirit 1

1 Medical Education and Morality: Science and Sacrifice 7

Ends and Means of Western Medicine in China: Evangelism, Science, and Public Health 12

Interpreting Medical Education at Cheeloo 16

Cheeloo as History 27

Methodology 31

2 Three Ideals of Cheeloo Medical School, 1917-1937 40

Service in Mission Hospitals: "Development of Christian Character" 44

Instruction in Chinese: "Making Modern Medical Science Indigenous to China" 48

High Professional Standards: Science to Overcome Despair 51

Initiating Rural Health Work at Cheeloo, 1926-1937 61

3 Cheeloo Graduates as Medical Professionals in War, Exile and the "Lost Years", 1937-1980 77

Post-War Surveys, 1947 81

Professionalism in North America: Letters in Exile, 1950-1971 90

Life in the PRC: Professional Achievements and the "Lost Years", 1949-1980 105

Conclusion: Morality in a Medical School 117

Bibliography 123

Appendix A: Three Ideals of Cheeloo Medical School 132

Appendix B: 1947 Graduate Questionnaire 133

Appendix C: Medical Schools in China in 1932 134

Appendix D: Translations, 1931-1937 136

List of Tables

Table 1 Cheeloo graduates compared to St. John's in 1921 43

Table 2 Graduates of Cheeloo and PUMC: Comparative Occupations in 1935 43

Table 3 Appendix to December 1932 Report of Cheeloo Rural Institute at Lung-shan 70

List of Abbreviations

CMB	Cheeloo Monthly Bulletin
CCP	Chinese Communist Party
GMD (KMT)	Kuomintang (Guomindang), Chinese Nationalist Party
PCUSA	Presbyterian Church of America (Archives in Philadelphia)
PRC	People's Republic of China
PUMC	Peking Union Medical College (Peiping after 1928)
RF	Rockefeller Foundation
RSM	Report of the School of Medicine of Shantung Christian University (Cheeloo)
SCU	Shantung Christian University
SP-UCC	Struthers Papers, United Church Archives
UBCCC	United Board for Christian Colleges in China
WCUU	West China Union University (School of Medicine and Dentistry)
YDS	Yale Divinity School, Special Collections Library, UBCCC files for Cheeloo Medical School

Note About Romanization:

As is current custom in historical writing about China, I use the United Nations Pinyin spelling system for all romanization of Chinese words, with two exceptions. For the name of the medical school itself, I have chosen to use "Cheeloo" consistently because it became common usage and is easier to deal with for those not familiar with pinyin where the "Qilu" equivalent can cause pronunciation difficulties. Wherever I have the Chinese characters for names of people, I use pinyin, but in some English language correspondence it is difficult to surmise the dialect or romanization system being used, and so I have kept names as the individual wanted it to be spelled.

Introduction: "A Spirit of Duty and Self-Sacrifice"

> The graduates you have produced, their achievements and the careers some of them have carved for themselves, are a credit to any institution. Furthermore you have succeeded in turning out men and women with a spirit of duty and self-sacrifice who have been willing to serve in various small hospitals in the distant parts of the country which would otherwise be deprived of the medical benefits obtainable only in our larger cities.
>
> From the President of the Chinese Medical Association, c. 1937[1]

Prevailing interpretations of missionary institutions in China in nationalist discourse and historiography have overtly or subtly derided the contributions of Christian institutions and their graduates as insignificant and flawed at best, or as malevolently destructive of Chinese culture and the nation at worst. In my honours thesis I examined American attitudes towards missionaries in China during the events surrounding the Shandong-originating Boxer uprising between 1897 and 1902. Not only did the Boxers physically attack the missionaries and their Chinese converts, but other Chinese and foreigners in China and interested people in America criticized the missionary endeavour. Much of the historiography I read seemed to repeat broad generalizations about Chinese Christians who used conversion to Christianity to gain material or social benefits: they became what is often termed "rice-Christians."

The cautious reinterpretation of the contributions of the Christian Colleges and their graduates in some recent Chinese language historiography signals a need to revisit negative interpretations in the English language literature. Cheeloo University's Medical School that was located in Jinan, Shandong, provides an ideal case study of this process both because of its uniqueness and because it has not received sufficient academic study.

Cheeloo University was a Christian missionary institution in Shandong that was the result of cooperation between thirteen American, British and Canadian Protestant denominations. The Medical School was widely recognized as the strongest faculty of

Cheeloo University, and so I have focused this study on it because physicians are usually associated with having a special commitment to service and self-sacrifice, and Cheeloo Medical School claimed that their graduates held to an even higher standard.

Some information about Cheeloo University was available by interlibrary loan but very little about the medical school itself. The only Canadian archival collection about Cheeloo medical school is in Toronto, and the best evidence of the medical graduates there is in the post-1949 letters to Dr. E. B. Struthers, examined in Chapter 3 below. While an earlier proposal for this thesis included use of a similar questionnaire to that employed by Karen Minden in her research on West China Union University medical graduates, the projected contacts did not come to fruition.

However, a paid research trip to Washington, D.C. allowed me to spend several weeks doing research nearby at the Yale Divinity School Special Collections Library and at the Presbyterian Archives in Philadelphia. The most exciting data came in the form of the 1947 returned surveys, letters and medical school publications examined in Chapters 2 and 3. Then, through a research assistant in Jinan, I found the *Qilu yiyuanzhi*, the source of the biographies of Cheeloo graduates who stayed in China after 1949.

What I found in these sources was a consistent emphasis within the discourse of Cheeloo Medical School after 1917 of three ideals: high professional standards, instruction in Chinese, and development of Christian character. These three goals seemed to provide a unique atmosphere at Cheeloo, what I have called the Cheeloo spirit. For Cheeloo-trained physicians, high professional standards were scientific standards that brought a new way of looking at the world; instruction in Chinese kept medical students committed to China; and

---

[1] "Cheeloo's Sponsors in China", n.d., YDS RG 11-245-4012, 1.

the development of Christian character was defined as "unselfish service" modeled by Jesus Christ, the "great physician" himself. Despite some inconsistencies between the Cheeloo spirit and the actions of individuals, a moral strength of will was imbued or reinforced in the students who spent seven years at Cheeloo Medical School. The graduates did not instigate a political or social health revolution, yet their moral compass guided them through many difficult times through love of their country and service to those who suffered the most.

Chapter one is a literature review that brings to light recent Chinese language literature about Cheeloo graduates and examines the small body of English language historical writing about Cheeloo. In chapter one I also use other secondary literature, some about other Chinese medical schools and some about Chinese nationalism, to argue that Cheeloo graduates should be viewed through at least three perspectives that correspond to the three ideals of Cheeloo—professional excellence as medical scientists; instruction in Chinese that allowed them to be patriotic Chinese; and Christian character defined by unselfish choices. I do not believe that all Cheeloo graduates fulfilled all three ideals all of the time, but I do hope to challenge the assumptions in the literature that to be a Christian was to be somehow less Chinese, that Chinese Christians and missionaries were selfishly motivated and perpetrated (or were victims of) some kind of cultural imperialism, and that Chinese doctors who accepted a scientific worldview necessarily would inevitably abandon religious faith. Instead I have argued that each of these components could be construed as "toolboxes" in the hybrid identity formation of the Cheeloo medical alumni.

In chapter 2 I argue that all three ideals were emphasized from 1917 to 1937 in the training of Cheeloo medical students. I argue that service in mission hospitals demonstrated the development of Christian character because work in these hospitals meant self-sacrifice, and the tendency of graduates of other medical schools to remain in Shanghai or other large cities was a stark contrast to Cheeloo graduates who devoted at least one or two years and as many as 16 years to these hospitals. The second ideal, that of instruction in Chinese and publication of Chinese medical books, complemented the first ideal in helping keep Cheeloo graduates focused on serving China through mission hospitals and rural work. The Cheeloo emphasis on professional excellence as medical scientists provided what seems to be the most significant aspect of their identity as it distinguished them from the often unemployable non-medical college graduates. All of these three components combined to make graduates who felt comfortable communicating in Chinese while serving in mission hospitals and raising the scientific standards there.

A lack of leadership and funding meant that Cheeloo medical school and its graduates did not begin a concerted rural public health program until the last years before the Japanese invasion in 1937. Yet some Cheeloo medical graduates like Li Yuren, who initiated a rural health center with Liang Shuming in Zouping, Shandong, showed promise that might have come to fruition with a more stable political situation than actually prevailed.

In chapter 3 I use three groups of sources that tell the stories of Cheeloo graduates after 1937. Those like Zhang Huixian surveyed in 1947 revealed service-oriented work and impressive professional accomplishments after their graduations. For those who did not return to China after 1949, I have argued that a separation from their Chinese environment of service and the difficulty of finding permanent work led many Cheeloo graduates outside the PRC to focus more on professional accomplishments than on self-sacrificial service, although there is still some evidence of the latter. The evidence of those like Zhao Changlin who remained in or returned to China after 1949 is of extraordinary professional accomplishments and strong personal commitments to other people, despite twenty year gaps in their official biographies. I argue that despite the persecution these Cheeloo graduates experienced during the anti-intellectual movements, they were able to maintain a strong connection to their Chinese patriotic identity in a way that their peers outside China could not. In these unforeseen circumstances, it seems that it was difficult for Cheeloo medical graduates to maintain a hybrid identity of the Cheeloo spirit that drew from both Christian self-sacrifice and Chinese patriotism, for those who stayed outside China lost some of their ability to claim a Chinese patriotism and those in China were forced to displace Christian morality with a new, Maoist conception of sacrifice.

While similar to West China Union University Medical School in its use of Chinese instruction and emphasis on self-sacrificial service, Cheeloo also managed to incorporate high professional standards that could compare to the elite St. John's, even if still falling short of the standards that the PUMC was able to maintain. Yet most of the graduates of these latter two medical schools did not consider self-sacrificial career choices outside the big cities to be worthwhile. Although I have argued for a slightly less materialist thesis, it is the continuing interest in the People's Republic of China about Cheeloo Medical School and the contributions of its graduates that I believe confirms the overall success Cheeloo Medical School had in fulfilling its goals.

Between 1917 and 1952 Cheeloo University School of Medicine created an atmosphere that encouraged service and self-sacrifice with professional excellence. This Cheeloo spirit evolved throughout the thirty-five year period, yet maintained many of the same components that promoted service to China while emphasizing a broader patriotic feeling (*aiguo*) rather than a narrow national feeling. Chinese Communist Party Chairman

Mao Zedong was not the first to encourage intellectuals to serve the people, and when he issued his challenge Cheeloo graduates were among those who responded with a sense of service and self-sacrifice. Even after the greatest utopian hopes raised by Mao were dashed in the Cultural Revolution, Cheeloo graduates picked up the pieces of their personal and professional lives and made some of their most significant contributions to the country they loved.

Chapter 1
Medical Education and Morality in China: Science and Sacrifice

As [Jesus Christ] trained his followers in service, so the missionary doctor and nurse regard as one of their chief tasks the training of their Christian helpers in a like conception of disinterested service and self-sacrifice.

Harold Balme, 1921[1]

The work of medical missionaries in China has until as late as 1995 been interpreted by mainland Chinese historians as the work of "aggressors" perpetrating "cultural invasion," while the stories of graduates of the missionary medical schools like Cheeloo have been clouded by their involvement with these institutions of imperialism. Western historical scholarship on the Christian colleges in China until the 1980s was also influenced by this historiographical trend. However, when in 1992 Zhang Yaode, a 1934 graduate of Cheeloo who had lived in the U.S. for forty years, was able to publish an article in the Chinese Journal of the History of Medicine (*Zhonghua yishi zazhi*) praising the contributions Cheeloo graduates working in mission hospitals had made in bringing Western medicine to the majority of Chinese people outside of the major cities, it was a signal that a new interpretation of missionary medical education in China was possible. This chapter examines several bodies of literature about Christianity and medical education in China to interpret why Cheeloo developed its three ideals of Christian medical education for China, how nationalist discourses have until recently suppressed histories like that recounted in this thesis, and how a more objective view of Christian medical schools (and colleges in general) has allowed scholarship to examine the adaptation and assimilation of Western medical knowledge by Chinese professionals. I suggest that Cheeloo medical graduates like Zhang Yaode are best understood in light of their ability to select their identities from a variety of "cultural toolboxes" that included their Chinese identity, their professional identity, and the Christian values of service and self-sacrifice learned or reinforced at Cheeloo Medical School.

---

[1] Harold Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921), 34.

In the early decades of the twentieth century, with grand dreams and meager resources, it was foreign missionary medical educators who played the most significant role in the transfer of Western medical knowledge to Chinese medical students. Aside from the Rockefeller funded Peking Union Medical College (PUMC) founded in 1921, the top medical schools in China for many years were directly associated with Christian missions.[2] Evaluations of these medical schools have often focused on the limitations of missionary medicine in China, well-documented by missionaries themselves who struggled to heal bodies and train apprentices in isolated, ill-equipped mission hospitals.[3] The rapid advance of Western biomedicine in the twentieth century made larger, union medical colleges essential, as these had the ability to attract a greater number of well-trained faculty and to establish significant library and laboratory resources. Moreover, unlike earlier apprentice style Western medical education that mainly produced subordinates (or low-grade competitors), these union colleges produced graduates who could participate fully in the medical modernization of China by becoming administrators, specialists or medical instructors, or, more significantly, bring modern medicine to the countryside. In the process these union colleges also contributed voices—both Chinese and foreign—that challenged simple assumptions of the dominant discourse of nationalism.

---

[2] Even PUMC was founded on "mission principles", and as late as 1929, John D. Rockefeller, Jr. was still interested in maintaining "the fine Christian spirit upon which this enterprise was built" and in developing "the spiritual possibilities of this institution, as well as its scientific possibilities", quoted in Mary Fergusun, *China Medical Board and Peking Union Medical College: A Chronicle of Fruitful Collaboration 1914-1951* (New York: China Medical Board of New York, Inc, 1970), 95. See Appendix C for a complete list of the top medical schools in China in 1932.

[3] See Harold Balme, Dean of the School of Medicine at Shantung Christian University (Cheeloo) and Milton T. Stauffer published "An enquiry into the Scientific Efficiency of Mission Hospitals in China," which was presented at the China Medical Missionary Association meeting in February 1920. In 1937 Balme continued his constructive criticism of health services with *A Criticism of Nursing Education: with suggestions for constructive reform* (London: Oxford University Press, 1937).

In 1917 North China had only one significant union medical college,[4] located in Jinan, Shandong (Tsinan, Shantung). Shantung Christian University's Union Medical School (soon known by its in English by its Chinese name Cheeloo)[5] was the combination of five other union medical schools, and by 1923 had become a co-educational medical school with the inclusion of North China Union Medical College for Women, and the site chosen by the China Medical Board for Chinese language instruction and translation of medical books. It was Chinese language instruction that made the medical school at Jinan distinctive from most others in China.[6] Medical graduates conversant in a newly coined scientific terminology in Chinese were more likely to serve the large majority of the population in rural areas than doctors who studied medicine in English in Shanghai or Beijing, developing a "cultivated foreignness."[7] Moreover, while training students in the vernacular, Cheeloo attempted to curb the development of expensive tastes in their students so they would be ready for small inland hospital positions where the financial compensation was far inferior to lucrative positions in treaty ports and other large cities. Official publicity pamphlets of Cheeloo Medical School, consistently claimed these basic goals—distinction as the site of Chinese language medical education, and service-oriented graduates combined with high professional standards from 1917 to 1952.[8]

---

[4] PUMC was not incorporated and endowed by the Rockefeller Foundation until 1921.

[5] Spelled "Qilu" in modern *pinyin*, after the two ancient states from the time of Confucius more than 2500 years ago—Qi and Lu—that make up modern Shandong Province.

[6] The Northern dialect Mandarin was the lingua franca of Chinese dialects, and although not always the first language of students, it was essential for study at Cheeloo.

[7] Wen-hsin Yeh, *The Alienated Academy: Culture and Politics in Republican China*, (Cambridge: Harvard University Asia Center, 1990), 75. See chapter 2 for more detail on the lifestyle of treaty port students.

During Cheeloo medical school's three decades in Jinan, the province of Shandong was characterized by extreme social instability caused by warlordism, nationalistic student movements, imperialism, and civil wars, all exacerbated by natural disasters like flooding, famine and plague associated with the Yellow River that flowed so close to the city during much of this time. The medical school and its hospital played an important role in alleviating the pain of people suffering from man-made and natural disasters. The place of education, medicine, and foreigners in China all changed dramatically during this period. At a time when sixty percent of institutes of higher education in China were located in either Beijing or Shanghai, one may ask why a school located in the middle sized city of Jinan is worthy of note.[9] When considering the importance of the growth of China's modernization through the treaty ports of the East Coast of China, it is curious that Jinan, an inland provincial capital, would become the centre of missionary medicine in North China. In the union at Jinan in 1917, medical schools from as far as Hankou, Nanjing, and Beijing removed their equipment and missionary staff to Jinan. What could be so special in Jinan, as opposed to the great Yangtze River ports of Nanjing and Hankou? Jinan was near the great Yellow River, but this was often more of a liability than an asset, for the temperamental river, flowing in a shallow bed over the North China plain, often flooded whole counties causing hundreds or thousands of people to become refugees who would then make their way to Jinan where local elites would help to organize relief as happened in 1855, 1885, and in 1935.[10] Yet a railroad bridge over the Yellow River completed the Tianjin to Pukow Railroad, and planning for this railroad affected the development of Jinan, through which it passed after 1900. German interest in the Shandong peninsula from the port of Qingdao was extended by an 1898 treaty to include railway rights to connect Qingdao and Jinan. Moreover, by the second decade of the twentieth century, provision had been made to keep the Yellow River in place and to develop the river ports near Jinan. Jinan was also the centre of Shandong's medical missionary presence after 1908, when the original school of medicine was established there. Jinan was also within the power base of Yuan Shikai, who dominated politics in north China before the 1911 Revolution, and as president of the Republic until his death five years later.[11] Other power brokers in Jinan included the local gentry and the Germans before World War I and the Japanese after 1919.[12]

---

[8] A 1954 Ph.D. dissertation describes the chief characteristics this way: "The program of rural reconstruction, the use of Mandarin as the medium of instruction, and the strong emphasis on sciences and mathematics were its characteristic features." Anthony C. Li, *The History of Privately Controlled Higher Education in the Republic of China: An Abstract of a Dissertation* (Westport, Conn.: Greenwood Press and the Catholic University of America Press, 1954), 47.

Yet Cheeloo was an institution beholden to administrative boards in Britain and North America, and only when forced by resurgent Chinese nationalism in the late 1920s did the board of directors in China become primary in making decisions regarding the medical school. Cheeloo was accused by some Arts and Science students in a 1929 student strike of being "an organ of cultural aggression."[13] In this thesis I ask to what extent did service-oriented medical graduates contribute to the nation-building project when they were professionally and emotionally attached to a foreign-run institution. How did these Chinese individuals reconcile discourses of nationalism that decried the Christian presence in China as a "mask" for

---

[9] Yeh, *The Alienated Academy*, 3.

[10] David Buck, *Urban Change in China: Politics and Development in Tsinan, Shantung, 1890-1949* (Madison: University of Wisconsin Press, 1978), 30-31.

[11] Buck, *Urban Change in China*, 40-57.

[12] Buck, *Urban Change in China*, 78-91.

aggressive imperialism and something that was already under challenge from science in the West?[14] I hope to examine the hybridity of the Chinese graduates of Cheeloo who combined faith in the effectiveness of both Western medicine and Christian values in their identities.

Ends and Means of Western Medicine in China: Evangelism, Science, and Public Health

To understand the relationship between medical education, service attitudes and Christianity in China we must look at the changing nature of the missionary community's attitudes towards medicine in China. While early missionaries generally were not afraid to practice medicine with the limited resources available in order to facilitate personal evangelism, later missionaries demanded higher standards and saw medicine as much more than just a method of proselytization. The entry of large numbers of scientifically trained missionary doctors and the enormous Rockefeller influence in the decade of World War One led to a clash with an older generation of missionary doctors. While the earlier generation believed in a science concerned with a natural order that was understandable to all with the introduction of rational Christian thinking, the younger generation was comfortable with the new theories of bacteriology and the necessity of clinical and laboratory science.[15] The debate about what the focus of Western medicine should be in China revolved around three main streams of thought: medicine as evangelism; medicine as clinical science; and medicine as public health. Should medicine be primarily adjunct to the spreading of the good news of Christianity, with doctors splitting their time between preaching and healing? Or, if these roles were professionally

---

[13] From a document titled, "The Tang Pu's Attack on Shantung Christian University," by Eyewitness (anon.), published as a series of articles in the *Tsingtao Times*, Shantung (12-16 March 1930), 5.

[14] "The Tang Pu's Attack on Shantung Christian University," 4, 6.

divided between evangelist and physician, the missionary doctor could devote himself (in the twentieth century it was also increasingly *herself*) to the highest standards of scientific laboratory medicine to be passed on to an elite, highly trained group of Chinese graduates? Or should medicine and medical education focus on producing the greatest number of doctors to meet the vast needs in China, albeit at much lower standards? These conflicting goals dominated missionary medical education until the founding of the Peoples Republic of China (PRC), and the latter two have continued to compete for pre-eminence in the post-1949 period. While missionaries might have been able to accept all three as legitimate goals of a medical program in China, limited financial and human resources in China forced missionaries in China and denominational boards to make a choice between them.

Harold Balme was one of the foremost missionary physicians of the new generation, who held positions as head of Cheeloo hospital, dean of medicine at Cheeloo Medical School and president of Cheeloo University after his initial arrival in Jinan in 1913. After earning a Diploma of Public Health (D.P.H.) and being named Fellow of the Royal Society of Surgeons (F.R.C.S.) in his native England, Balme spent five years as a missionary in Taiyuan, Shanxi before being transferred to Shantung Christian University, the forerunner of Cheeloo. Balme oversaw the completion of a large hospital for the medical school in Jinan in 1914, "the most up-to-date in China" at that time.[16] As an "enthusiast for first-class hospital conditions,"[17] Balme tirelessly promoted the improvement of standards at mission hospitals throughout

---

[15] Peter Buck, *American Science and Modern China, 1876-1936*, (Cambridge: Cambridge University Press, 1980), 8-45.

[16] Charles Corbett, *Shantung Christian University (Cheeloo)*, (New York: United Board for Christian Colleges in China, 1955), 121.

[17] Charles Corbett, *Shantung Christian University*, 121.

China in his publications.[18] Balme consolidated his position against the old school of medical missionaries by demonstrating that early Western medicine in China in the mid to late-1800s, was "a medley of empirical observation and superstitious theory" and could not be properly called scientific.[19] Although for Balme the physician might be directly involved in preaching the Christian Gospel, yet he believed that missionary doctors and nurses should not allow the practice of their profession to become a mere advertisement for the message of Christ, any more than Jesus the "Great Physician" did himself. Balme emphasized what the China Centenary Conference had declared in 1907, that "Medical missions are not merely an adjunct, but an integral and co-ordinate part of the missionary work of the Christian Church."[20] Indeed, according to Balme it was the Christian physician, willing to "touch the most loathsome," with an attitude of "disinterested service and self-sacrifice" who was inspiring China's educated young people to devote themselves for something bigger than themselves, and thus to change society at large.[21] While acknowledging the touchstone evangelical goal of missions, Balme emphasized accomplishments of the medical missionary in pioneering modern medicine in China—establishment of medical colleges and nurses' training schools, and in conducting scientific investigation, translation of medical text-books, initiating public health reforms and educating public opinion. While true to some extent of other medical schools, these were all accomplishments of Cheeloo School of Medicine. But these material goals were not enough for Balme. It was the distinction of Christian medical education to change society at large by training selfless medical graduates that was the capstone of missionary accomplishments in China:

---

[18] Balme also wrote on more general issues as in *Chinese Revolution and Christian Union: A Practical Experiment in Christian Fellowship*, reprinted from the St. John's (Edinburgh) Magazine, 1928 and *What is Happening in China* (London: Edinburgh House Press, 1925).

[19] Harold Balme, *China and Modern Medicine: A Study in Medical Missionary Development*, (London: United Council for Missionary Education, 1921), 16.

[20] *Resolutions of Centenary Conference*, Shanghai, 1907, quoted in Balme, *China and Modern Medicine*, 33.

[21] Balme, *China and Modern Medicine*, 34.

> The new conception of communal service and responsibility, so notable a feature of student life in China to-day, and bursting with hope for the future of the East, has its roots in little mission schools and hospitals all over China, where the young people of that ancient nation are learning at last the true meaning and obligation of brother-hood and the significance and the joy of unselfish service.[22]

Balme's claims for Christianity in China were not merely missionary vanity, for Christianity was taken seriously as an ideological option for saving China by some national and local intellectuals before 1924.[23] This conception of Christianity as selfless love was what attracted Chen Duxiu, co-founder of the Chinese Communist Party, to Christianity before committing himself to Marxism. In 1920 he wrote in the leading New Culture and May Fourth journal, *Xin Qingnian* (New Youth) that China should "cultivate the lofty and majestic character of Jesus and imbue our very blood with his warm sympathetic spirit." It was not what he considered scientifically out-dated doctrines that Chen was attracted to, nor the hypocrisy of so-called "Christian" nations, but rather the character and spirit that Jesus taught which "has not been destroyed by science, and never will be." Yet Chen denounced those professed Christians who would not oppose the "unchristian acts of the militarists and the moneyed" and instead partook of the "injustices" of the same. It was these Christians, and not "anti-Christian scientists" who were destroying Christianity by ignoring the revolutionary message of Jesus as "the friend of the poor."[24] Like the proponents of the social gospel, Chen in 1920 accepted the contribution which Christianity could make to Chinese society, if only the love and character of Jesus were the primary motivations in the lives of Christians themselves.

---

[22] Balme, *China and Modern Medicine*, 35.

[23] Ryan Dunch, *Fuzhou Protestants and the Making of a Modern China, 1857-1927*, (New Haven: Yale University Press, 2000).

[24] Chen Duxiu, "Jidujiao yu Zhongguo ren," (Christianity and the Chinese People), *Xin Qingnian* 7 no. 3, (1 February 1920), translated and reprinted by Jessie Lutz in *Christian Missions in China: Evangelists of What?* (Boston: D.C. Heath and Co., 1965), 47-50.

Not all of Cheeloo medical students were Christians, but the emphasis on selfless service attempted to be broad enough to draw in those who were not Christians. In 1920, the stated goals of Cheeloo University's medical school were to produce well-trained doctors who could bring about the "true salvation of China" through their efforts according to "the highest ideals of Christian service."[25] In 1935, these ideals remained the same—high professional standards, instruction in Chinese, and development of a service oriented Christian character that could combat the appeal of "selfish commercialism" of the medical profession.[26]

Interpreting Medical Education at Cheeloo

The present study focuses on the goals of Western medical education at Cheeloo University School of Medicine and how and whether these goals worked themselves out in the lives of the Chinese graduates. Most of the secondary literature written in the last forty years speaks only of the Christian College medical graduates in the most general of ways, and instead the focus has been the institutional development and faculty accomplishments of the medical schools. Cheeloo University is the focus of only one book, written by a former missionary professor in China, Charles Corbett, and published in 1955 by the United Board for Higher Education in China. Corbett's account is critical, but was written from the perspective of the English language administration records and does not touch on the medical students or graduates.[27] Since about 1970, there have also been many scholarly studies on the Christian colleges and Chinese education in the Republican period, student movements and student life in the 1920s and 1930s, and health policies during the same period, some of which use Cheeloo as a case study to demonstrate the changes and patterns occurring during this time.[28] Although recognized as the second best medical school in China during most of the Republican period, no scholarly studies in English have focused on Cheeloo Medical School to ask significant questions about its place in medical modernization in China. But in the PRC, a growing interest in the history of Cheeloo University and Medical School is evidenced in Chinese language publications since the early 1990s.

---

[25] *A Modern School of Medicine in China: The Work of the School of Medicine, Shantung Christian University, Tsinan, China*, (Jinan: University Press, 1921), located at Presbyterian Historical Society (Hereafter known as PCUSA) Pam. Fol. LG51.T8 M6 (1921).

In 2000, Shandong University's Cheeloo (Qilu) Hospital published its history in a large, one million character tome. This tribute to 110 years of Western medical practice in Shandong was written with over 160 contributors. Although most of the eight hundred pages of the history are committed to Cheeloo's post-1952 developments as the "people's hospital," there are forty pages devoted to the period from 1890 to 1952 when Cheeloo was known as a "church hospital." *Shandong daxue Qilu yiyuanzhi* follows Leninist interpretations of Christian missionary history as cultural imperialism, and a narrative section describing the history of the hospital and medical school from 1890 to 1952 is followed by a transitional post-script titled "The Patriotic Struggle Against Imperialism."[29] Claiming that "Cheeloo University and its hospital were managed as a fortress of cultural aggression and imperialism over a long period

---

[26] From preface by Randolph T. Shields, Associate Dean of Medical School in *Training Christian Physicians for China: School of Medicine, Cheeloo University, Tsinan,* (Jinan: The University Press, c. 1935), Yale Divinity School Archives (Hereafter YDS) RG 11.

[27] Corbett, *Shantung Christian University (Cheeloo).*

[28] See especially Jesse Lutz, *China and the Christian Colleges, 1850-1950*, (Ithaca: Cornell University Press, 1971), 368-371, and Ka-che Yip, *Health and National Reconstruction in Nationalist China: The Development of Modern Health Services, 1928-1937*, (Ann Arbor, Michigan: Association for Asian Studies, 1995), 24, 148-149.

of time," the writer goes on to give examples of how patriotism was expressed by students, Chinese staff and workers who "were not willing to be [once again] enslaved, and exploited, but wanted to resist, to struggle, to inherit the outstanding revolutionary tradition of the Chinese people."[30] That a recent publication about the history of Cheeloo hospital and medical school is so conscious of the discourses of nationalism is very telling of the power and continuity of these narratives in defining the past. While the vilification of foreign imperialism in China represented by *Qilu yiyuanzhi* is no longer echoed in most of the scholarship by PRC historians, the harsh criticism that all foreign education in China at that time was an attempt to enslave the spirit of the Chinese people demonstrates the difficulty of nationalist discourses to accept ambiguities and counter-narratives. In unambiguous language, the writer uses the word *nuhua jiaoyu* (education of enslavement) to describe what occurred at Cheeloo, and describes the *cishan* (benevolence) of the missionaries as simply the method to get "one step closer to their goal of spiritual aggression" *(jinyibu dadao qi jingshen qinlue zhi mudi).*[31]

The goals of the medical school at Cheeloo sometimes overlapped with those of Chinese nationalists after the revolutions of 1911, 1927-8 and 1949, yet the contributions were often overlooked or subsumed into the dominant national discourse. It is worthwhile to explore an approach to nationalistic discourses of history if we are to contextualize the discourses produced by Cheeloo School of Medicine and its graduates.

In the twentieth century, competing transmissions of history have existed in China, yet we rarely see more than one revealed in nationalist histories. While the discourse of patriotic nationalism given in *Qilu yiyuanzhi* is one such transmission of history, the policies of

---

[29] *Shandong daxue Qilu yiyuanzhi* (The History of Cheeloo Hospital of Shandong University, 1890-2000), compiled by *Weiyuanhui* [Council], (Jinan: Shandong University Press, 2000).

[30] *Qilu yiyuanzhi*, 85.

nationalizing education under the Nationalist government based in Nanjing from 1927-1937 are another example of this. As one scholar says about this period:

> … Nanjing's goals and means were often overtly ideological and political, [and] the most salient feature of higher education in the 1930s was not so much a consensus on cultural beliefs and educational ideals as a concession to Nanjing's political and ideological authority.[32]

Whether dominant discourses of history are produced by authoritarian governments as in Nationalist or Communist controlled China, or more recently in a democracy like Canada,[33] one dominant transmission of the history of the nation tends to appropriate, conceal or repress other meanings of that history. Historians have long attempted to analyze nationalist discourses, but few studies have been done about which communities and collectivities are included or excluded from the nation. According to Prasenjit Duara, little research has been done to challenge what he calls the "already-always nation-space" or to theorize an alternative to it.[34] Another scholar has said that discussion of nationalism must admit that the current system of nation-states as political territories is "neither inevitable nor primordial," nor are there *a priori* criteria to distinguish one nation from another.[35] By assuming an evolutionary "linear" history that has gotten us from "there" to "here," writing nationalist histories is a necessarily oppressive process that stifles the conflicting and competing voices that were co-opted or subsumed into the dominant discourse. In other words, if Cheeloo the institution and Cheeloo's medical graduates were to be given voice, we might reveal individuals who did not

---

[31] *Qilu yiyuanzhi*, 72.

[32] Wen-hsin Yeh, *The Alienated Academy: Culture and Politics in Republican China, 1919-1937*, (Cambridge, Mass.: Harvard University Press, 2000), 3.

[33] For the recent debate about representations of Canadian history, see Gene Allen, "The Professionals and the Public: Responses to Canada: A People's History," *Histoire Sociale* 34:68 (2001), 381-391.

[34] Duara, *Rescuing History From the Nation*, (Chicago: University of Chicago Press, 1995).

[35] Ryan Dunch, *Fuzhou Protestants*, 116.

fall into neat dichotomies but who attempted to be selflessly devoted to country and fellowman, while also being modern and Christian at the same time.

Prasenjit Duara attempts to "bifurcate" nationalist history by attempting to find the exact process whereby a transmission of history seeks to appropriate or conceal dispersed meanings, because it is at that point that we can begin to see history outside of the categories of the nation-state. Duara rejects both the evolutionary histories created by nationalist discourses in the late nineteenth and twentieth centuries and the theories of nationalism by scholars like Benedict Anderson and Ernest Gellner as not being applicable to China.[36] Duara argues instead that a political consciousness similar to modern nationalism was possible in pre-modern times and that both then and now we should assume no unity of this historical consciousness, but instead we should see the past as "radically heterogeneous."[37] In other words, in order to hear counter-narratives, we need to look for and define the master narratives, and then look for the points at which they exclude the other voices.

Xiaoqun Xu's account of the fight between Chinese native physicians and Western-trained doctors over who was contributing to the national salvation is an example of Duara's point. When Western-trained Chinese doctors in the Ministry of Health attempted to shut out native physicians from using the word "national" to describe their medicine, the formerly disconnected medical practitioners used their powerful connections to fight back. According to Xu, the native physicians adapted quickly to the conditions of modern nationalism by making a "burning issue" of whether China's modernization would mean Westernization and therefore the elimination of what was considered a "national heritage" and part of the

---

[36] Benedict Anderson, *Imagined Communities: Reflections on the Origins and Spread of Nationalism,* (London: Verso, 1983) and Ernest Gellner, *Nations and Nationalism.*(Ithaca, NY: Cornell University Press, 1983).

[37] Duara, *Rescuing History From the Nation,* 73.

"national essence." The native physicians also went on the attack against Western medicine's claim that it alone was empirical "scientific" medicine.[38] The political success of Chinese "traditional" medicine under the People's Republic in mainland China after 1949 (and its continuing position outside of official medicine in the Republic of China on Taiwan) only serves to highlight the significance of the battle to control the discourse of nationalism. Moreover, the success of the elite practitioners described by Xu to include their medicine as a "national heritage" did not mean similar success of less empirical forms of native medicine such as *qi gong* and minority shamanistic traditions that were outlawed as "witchcraft" in the Maoist period.[39]

A straightforward statement of the dominant discourse of nationalism in China as it evolved after the May Fourth Movement of 1919 would include a fervent patriotism, a desire to build the Chinese nation by freeing it from the supposed shackles of tradition, a corresponding desire to fully embrace all that was modern, and a strong anti-foreign element that included opposition to Christianity. This definition includes the same basic aspects as that of Cyrus Peake's 1932 study of nationalism and education in China where he defines nationalism as:

> [t]he creation, through press, societies, the platform, and the school, among all or

---

[38] Xiaoqun Xu, "'National Essence' vs. 'Science': Chinese Native Physicians' Fight for Legitimacy, 1912-1937," *Modern Asian Studies* 31 no. 4, (1997): 847-877. Sean Hsiang-lin Lei's excellent recent work further explicates the evolution of Chinese medicine in the twentieth century in "How Did Chinese Medicine Become Experiential? The Political Epistemology of *Jingyan*," *positions* 10, no. 2, (2002): 333-364; and the interaction between Chinese medicine and Western medicine in "From Changshan to a New Anti-Malarial Drug: Re-Networking Chinese Drugs and Excluding Chinese Doctors," *Social Studies of Science* 29 no. 3, (June 1999): 323-358.

[39] For more on minority medical traditions in China, see David Young and others, "The Dilemma Posed by Minority Medical Traditions in Pluralistic Societies: The Case of China and Canada," *Ethnic and Racial Studies* 18, no. 3, (July 1995): 494-513; and Donald Sutton, "Pilot Surveys of Chinese Shamans, 1875-1945: A Spatial Approach to Social History," *Journal of Social History* 15, no. 1, (Fall 1981): 39-50. For an early bibliography on nationalism and medicine in China see Ka-che Yip, "Nationalism and Medicine in China: A Bibliographic Essay," *Canadian Review of Studies in Nationalism* 10, no. 2, (1983): 189-193.

> nearly all the members of a nationality, a self-conscious attitude toward their common linguistic, cultural, and historical heritage *together with* the arousing of a sense of patriotism demanding a supreme loyalty to the political State.[40]

Yet, the dominant discourse of nationalism in the 1920s was not consistent as it was manipulated by the right or the left of various factions among students, intellectuals and political leaders.[41] The idealized nationalism defined by Peake was not widespread among all members of the Chinese population. According to the *Qilu yiyuanzhi*, there were medical students and even a future Dean of Cheeloo medical school, Zhang Huixian, marching along with other Cheeloo students to protest the Shantung concession to Japan that was part of the Treaty of Versailles in the May Fourth Movement. After this initial student movement, however, medical students did not usually identify themselves with the strike or with nationalist movements. So when arts students and workers precipitated a strike at Cheeloo in 1928 in the wake of the Nationalist Revolution, "the medical students … kept on with their studies as best they could through all these disturbances."[42] Their preference was rather for a discourse of nationalism that was characterized by societal reform and healing rather than revolution.[43] Similar versions of the discourse of nationalism continued to be dominant during the post-1949 period, affecting not only mainland Chinese scholars, but influencing Western scholars as well, who generally agreed with the judgment that Christian work in China could basically be identified as "cultural imperialism" or "oppression."[44]

---

[40] Peake, *Nationalism and Education in Modern China*, 120.

[41] John Israel, *Student Nationalism in China*, 10-46.

[42] Corbett, *Shantung Christian University*, 171-177.

[43] According to the *Cheeloo Bulletin*, the strike was limited exclusively to some of the Arts students, but "the spirit of the students has been simply great, especially in the Medical School, where they volunteered at once for any sort of service and have been hard at work all week at all sorts of menial jobs." Quoted in Corbett, *Shantung Christian University*, 177.

[44] See especially Joseph Esherick's chapter on Christian Imperialism in the period leading up to the Boxer Uprising, "Imperialism, for Christ's Sake," found in *The Origins of the Boxer Uprising*, (Berkeley: University of California Press, 1987), James L. Hevia's "Leaving a Brand on China: Missionary Discourse in the Wake of the

In his 1978 study of the political and economic history of Jinan, David Buck's thesis is that political leadership has always been the dominant factor in Jinan's growth and development, as opposed to gentry or foreign power, so Buck does not mention the role Cheeloo University and its medical college played in Jinan's development. Buck seems to have been aiming for what Paul Cohen calls a "China-centred" approach, and so did not want missionaries and their foreign institutions to play too large a role in his history and stayed away from those sources. Yet omissions based on his local sources lead us to ask important questions that challenge the claims of Cheeloo Medical School literature that will be examined in more detail in chapter 2. How important was the university and medical school in the local politics and economy? Graduation pictures at Cheeloo reveal military and civil officials wanting to be associated with Cheeloo. With what did they want to be associated? Likely it was the influx of foreign philanthropy that built imposing Western structures and increasingly large hospitals with modern accoutrements—it was the association of Cheeloo Hospital and Medical School with modernization that made it attractive. Yet although Buck's aim was to trace the development of Jinan, even in discussions of cultural modernization (he does not discuss technological modernization) Cheeloo does not appear. And although one professor of sociology at Cheeloo makes a convenient appearance to add some descriptive colour to Buck's chapter on the warlord era in Jinan, Shantung Christian University only makes five brief appearances in his text of 263 pages. Was the contribution of the Medical School and Hospital taken for granted by Buck and his sources, or was the local influence less than might be inferred from the official University publications?

Boxer Movement," *Modern China* 18, no. 3, (1992): 304-332 or Murray A. Rubinstein, "Religion, Revolution, and Anti-foreignism: The Anti-Christian and Anti-Missionary Movements as Societal Catharsis and Ideological Statement, 1919-1928," *American Asian Review* 4, no. 4, (Winter 1986): 1-28.

Many Western scholars who were trained in the 1960s and 1970s were deeply affected by the student movements that transformed Chinese and American society at that time, and historians were subsequently drawn to earlier student protest movements in China beginning with the May Fourth movement of 1919. While excellent research has been done to understand the nature of the student movements, early studies focused on the protests and their interaction with national politics without adequately looking at the students themselves. Such is the case with John Israel's *Student Nationalism in China.* While Israel gives important information about how the student nationalist movement affected the KMT government, a major weakness of his monograph is the extreme rarity of students with names. For a book ostensibly about student nationalism, one might expect a more socially oriented history with at least several student leaders playing a major part in the narrative.

Jessie G. Lutz has addressed some of the questions that Israel's book left unanswered. While using some of the same sources as Israel in her *Chinese Politics & Christian Missions,* Lutz asks different questions.[45] Lutz found she could not take it for granted that the 1920s student movements were spontaneous expressions of patriotic sentiment. Instead, Lutz argues that the student movements of the 1920s were not initiated and executed by young intellectuals, but were largely directed by agents of the Guomindang (KMT) and the Chinese Communist Party (CCP). The more liberal and diverse student groups that grew out of the New Culture movement between 1919 and 1922 were gradually co-opted by the parties.[46]

Lutz demonstrates that nationalism was a common denominator in the New Culture and Anti-Christian Movements, but nationalism did not become predominant until the May

---

[45] Lutz, *Chinese Politics and Christian Missions: The Anti-Christian Movements of 1920-28.* (Notre Dame: Crossroads Books, 1988).

[46] Lutz, *Chinese Politics,* 1.

Thirtieth Movement of 1925 when the British police shot Shanghai demonstrators. This was a trigger that gave the movements "an attainable goal and a clear focus."[47] It was at this point that an open and diverse movement became partisan, backed by party troops who could effectively fight the imperialists and warlords. Lutz describes the evolution of the anti-Christian movement and the Educational Rights Recovery Movements as the logical outcome of more than a century of anti-Christian tradition in an age when this tradition had become politicized.[48] Unlike Israel, Lutz also recognizes that the Christian Colleges that were the objects of nationalist attack in the 1920s could become the generators of nationalist movements in the 1930s once they had become increasingly "sinicized" (brought under Chinese leadership) and "secularized."[49]

Lutz's evaluation is that the colleges originated out of the needs of the Westerners who increasingly turned to the social gospel of societal change against the previous tendency towards straightforward evangelism. In 1971 for Lutz, the primary contribution of the Christian colleges was primarily a negative one—it was inevitable that as the students absorbed the values and purposes of Western civilization the Chinese heritage would begin to disintegrate. Moreover, for Lutz this negative result was greater than any contribution the colleges made in evangelizing the Chinese to Christianity.[50] Yet for schools like Cheeloo University, long known for its emphasis on Chinese language rather than English, positive contributions in social and religious work were common.[51] Despite her somewhat negative conclusions, Lutz does not present a one-sided picture, but describes the "difficulties" *and*

---

[47] Lutz, *Chinese Politics*, 7.

[48] Jessie G. Lutz, "Chinese Nationalism and the Anti-Christian Campaigns of the 1920s," *Modern Asian Studies* 10, no. 3, (1976): 395-416.

[49] Lutz, *China and the Christian Colleges*, 271-321.

[50] Lutz, *China and the Christian Colleges*, 491.

"opportunities" of the Christian college involvement in nationally constructive movements like rural reconstruction. Lutz singles out Cheeloo University as an example, which after 1925 chose to emphasize social work and rural reconstruction to avoid competing with the relatively nearby and more prosperous Yanjing (Yenching) University. The university was able to be of great service to a limited rural area by devoting the creative research of many departments to the health, social and economic spheres of life. Although ambitious on a small scale, Lutz questions the long-term effectiveness of "elite" students working among lower-status illiterate peasants who would often return to old ways once the outsiders had returned home.[52]

Murray A. Rubinstein has taken a more extreme view than Lutz by finding little positive in the work of the Christian missions and colleges, and has focused instead on the frustration of students forced to attend religious services.[53] Rubinstein paints the anti-Christian movement as having a positive, socially "cathartic" effect on Chinese society that forced Christian missionaries and the Christian colleges to adapt to the needs of China. Peter Chen-main Wang, on the other hand, demonstrates the positive effect the movement had on Christianity in China by listening more closely to the voices of Chinese Christians than to the anti-Christian propaganda.[54] Wang, agrees essentially with Kenneth Scott Latourette's judgment in 1929 that "the Church may [have been] in the process of disappearing" but still had "a better chance of surviving and making a permanent impression than at any time during its presence in China."[55] Wang says that the church was able to be awakened to what was going on in China, and the

---

[51] Lutz, *China and the Christian Colleges*, 504.

[52] Lutz, *Christian Colleges*, 291-297.

[53] Murray A. Rubinstein, "Religion, Revolution, and Anti-foreignism: The Anti-Christian and Anti-Missionary Movements as Societal Catharsis and Ideological Statement, 1919-1928," *American Asian Review* 4, no. 4, (1986): 1-28.

[54] Chen-main Wang, "The Response of Chinese Protestants to the Challenge of Nationalism, 1925-1928," *American Asian Review* 5, no. 3, (1987): 46-61.

[55] K. S. Latourette, *A History of Christian Missions in China.* (New York: Russell & Russell, 1967 [1929]).

problems Christianity had caused there, and to then adjust itself to make amends.[56] Recently a more sophisticated evaluation of Christianity in China has emerged which has recognized the weaknesses *and* contributions of Chinese Christians.[57] The present study attempts to add to the growing body of scholarship that paints a more complex picture of Chinese Christians than the earlier historiography allowed.

Cheeloo as History

Cheeloo University is a significant example of examining the dispersal of history as a counter to the master narrative of nationalism because it stood both outside of China as an internationally based school, and was firmly rooted in China as a centre devoted to many of the same goals as the nationalist movement. The university was a union effort between fourteen mission societies including eight American missions, five British missions and one Canadian mission. The atmosphere of cooperation between nations and across denominational boundaries that developed as a result of this union had much to do with producing resistance to a narrow nationalism and made it easy for those at Cheeloo to be excited about the growing popularity of internationalism in the West after World War One.[58] Christianity at Cheeloo tended to produce a discourse of Christianity focused on the love that Chen Duxiu saw as the essence of Christianity, rather than the aberrations from Christian charity that were practiced by the supposedly Christian West. Western professors at Cheeloo like Harold Balme and others saw China within an internationalist interpretation of the Bible that emphasized the universal nature of the good news as the essential part of Christianity in the same way that Chen Duxiu interpreted the Christian gospel. In 1924 Harold Balme challenged Cheeloo students to reject the ideology of utilitarian individualism that preached personal and national self-interest as the best course of action in the world, while the Reverend McHardy, another Cheeloo professor, indicted both Christian nations and complicit clergy for ignoring the message of the Old Testament prophets by committing grievous social injustices under the banners of capitalism and imperialism.[59]

---

[56] Wang, "The Response of Chinese Protestants," 57.

[57] Daniel H. Bays, *Christianity in China: From the Eighteenth Century to the Present*, (Stanford: Stanford University Press, 1996).

The second reason Cheeloo is significant in the context of narratives of Chinese nationalism was its unique academic emphasis on Chinese language and affirmation of the Chinese cultural tradition. In the 1920s, the New Culture leaders like Chen Duxiu, Lu Xun and Hu Shi were rejecting anything traditional while embracing the modern West. Chow Tse-tung, historian of the May Fourth Movement, has said that the movement's leaders desired to destroy traditional Chinese literature, philosophy, religion, ethics, and social and political institutions.[60] However, leaders like Balme and McHardy at Cheeloo were not willing to throw away all of the Chinese tradition; were well versed in the Confucian classics; and were quick to use the classics as their text in expounding on morality. There also seemed to be some respect for aspects of Chinese indigenous medical traditions when leaders of the New Culture movement like Lu Xun and Chinese physicians who had returned from overseas wanted to

---

[58] For context on the place of Cheeloo University among institutions of higher education in China, see Ruth Hayhoe, *China's Universities*, Anthony Li, *The History of Privately Controlled Higher Education*, and Cyrus Peake, *Nationalism and Education in Modern China*. (New York: Columbia University Press, 1970 [1932]).

[59] See *The Cheeloo Papers*, published in Jinan in 1924, especially "Idealism or Self Protection," by Dr. Harold Balme, President of the University, and "The Contribution of Hebrew Prophecy to Modern Life," by Rev. R. S. McHardy.

[60] Chow Tse-tung, *The May Fourth Movement: Intellectual Revolution in Modern China*. (Cambridge, Mass: Harvard University Press, 1960), 1.

eliminate Chinese medicine completely.[61] Moreover, when other union missionary institutions primarily used English, all of Cheeloo University was committed to retaining Mandarin Chinese as the primary language of instruction, especially in the Medical School,[62] and the medical and scientific textbooks published in the Translation Bureau were used by almost all Chinese medical schools teaching in Chinese.[63]

Recent narratives produced by graduates and Shandong based historians and those formerly associated with Cheeloo are gradually reappraising the contribution of the Christian colleges in mainland China. Two competing interpretations of Christian medical mission work now exist in the scholarly literature in the PRC. Popular works continue towing the Communist Party line that interprets institutions associated with missionaries negatively, some scholars are willing to approach the influence of the Christian institutions with a more positive assessment based on evidence of real contributions. Like the editors of the *Qilu yiyuanzhi*, historian Mao Guanghua, writing in 1995, interpreted medical missionaries in North China as "aggressors" bent on subversive "cultural invasion."[64] Other historians like Li Dezheng and Tao Feiya have called for renewed study of the positive contributions of Cheeloo and its graduates toward medical modernization in Shandong based on the prominent positions some of the surviving graduates have held in the provincial medical system in the Post-Mao Reform era.[65] The discourse of nationalism in the PRC has now become broad enough for mainland historians like Li and Tao to praise Cheeloo graduates as true patriots who loved China and devoted themselves to the service of their country. This complicates the Leninist discourse of imperialism that most graduates of the Christian colleges were "rice-Christians" and "running-dogs" of the Imperialists, becoming "de-nationalized" by their contact with a "foreign" religion.[66] Most interesting in the recent PRC literature on medical education is Zhang Yaode's article on the history of medicine and health under the Guomindang Government (1928-1948).[67] Zhang, himself a graduate of Cheeloo School of Medicine in 1934, held posts both in the Guomindang Government Health Bureau and at Zhejiang University. Zhang argues that among all the medical schools in China in the Republican period, it was Cheeloo, along with the Rockefeller-funded Peking Union Medical College that "had such a great influence upon our country's medical education that they truly deserve an explanation."[68] According to Zhang, by 1936 the 507 graduates from the five medical schools united at Jinan were working all over the country, most of them in mission hospitals in small, often rural outposts. Zhang claims

---

[61] For an example of Cheeloo's respect of the "valuable results" from the use of Chinese drugs in the treatment of leprosy, *RSM* (1924-25), 11, although this respect did not extend to those practitioners who "neglected" tuberculosis, syphilis, and Kala Azar "under the guise" of Chinese medicine, Report by Dr. Julia Morgan "Medical Work in Tsinan," (25 September 1941) YDS RG 11-245-4007-4012; for an example of Lu Xun's antipathy for Chinese medicine, see "Father's Illness," in *Dawn Blossoms Plucked at Dusk*, trans. Yang Hsien-yi and Gladys Yang, (Beijing: Foreign Languages Press, 1976), 61-68; for returned overseas Chinese physicians fight with "native physicians" see Xu Xiaoqun, "'National Essence' vs 'Science'" and relevant discussion elsewhere in Chapter 1.

[62] Peking Union Medical College, funded by Rockefeller Foundation money, explicitly used only English textbooks and instruction. Most other foreign funded Christian colleges used English instruction. See Appendix C for list of all medical schools and their respective language of study.

[63] Corbett, *Shantung Christian University*, 206. Corbett lists twelve Cheeloo professors who wrote fifteen important medical textbooks in Chinese. I have an incomplete list made up from *RSM* that totals many more than 15. For more context on how Cheeloo's Chinese emphasis was situated in relation to other Christian Colleges, see William Purviance Fenn, *Christian Higher Education in Changing China*, (Grand Rapids, Mich.: Eerdman's, 1976), 111-120.

---

[64] Mao Guanghua, "Jidujiao zai Henan sheng de chuanbo yu xifang yixue de chuanren," (Spreading of Christianity and Western Medicine into Henan Province), *Zhonghua yishi zazhi* 25 no. 4, (October 1995), 211-215.

[65] Li Dezheng, "Congshu ziliao kan Qilu daxue yu Shandong jindaihua de guanxi," (The Significance of Cheeloo University to the Modernization of Shandong: A Study from the Oral Tradition), 73-84 and Tao Feiya, "Qilu daxue de lishi ziliao yu lishi yanjiu" [On the Archives and Historical Studies of Cheeloo University], 57-72, in Ng Tze-ming, ed., *Zhongguo jiaohui daxue lishi wenxian yantaohui lunwen zhi* (Papers from the Symposium on Historical Documents of the History of the China Christian Universities), (Hong Kong: Chinese University Press, 1995).

[66] See Ryan Dunch, *Fuzhou Protestants* (New Haven: Yale University Press, 2001), 25-32 for a discussion of official Qing depictions of Christians, and how these have affected scholarly work in the twentieth century.

[67] The *Guomindang* government, formerly spelled Kuomintang or KMT, was established in Nanjing in 1927 after the success of Jiang Jieshi's (Chiang Kai-shek) Northern Expedition to unify China at a time when various warlords and Imperial powers controlled various parts of China.

[68] Zhang Yaode, "Guominzhengfu shiqi zhongguo yiyao weisheng gaikuang," (The Situation of China's Medicine and Health under the Republican Government) *Zhonghua yishi zazhi* 22, no. 3, (1992): 151-157.

that the credibility of Western medicine in China was largely due to the influence of Cheeloo University Medical School through the placement of its graduates in mission hospitals.[69]

Could Cheeloo have had this great an effect within China? Zhang's enthusiasm for his alma mater may make his claims suspect, yet these claims point nonetheless to continuity in the discourse of Cheeloo and its contribution over a period of more than seventy years and Zhang's position echoes those of Li Dezheng and Tao Feiya. All of the Chinese language scholarship reviewed here, whether published in Hong Kong or the PRC, positive or negative to the Christian aspect of the school, assumes a materialist, Whiggish value system that judges the past accomplishments of Cheeloo based purely on its contribution to current health expertise and infrastructure in Shandong. None of the literature in English or Chinese attempts to examine the choices of Cheeloo medical students after graduation according to the values inculcated in their medical training and thus the continuity of a Cheeloo spirit and the relevance of this type of volunteerism in developing medical ethics.

Methodology

While no other work has attempted to examine the lives of the graduates of Cheeloo in the same way as the present study, two monographs about Chinese medical schools in the Republican period do focus on Chinese graduates. While earlier histories of medical schools have focused primarily on the administration of the schools and careers of Medical missionaries,[70] Mary Brown Bullock's *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* and Karen Minden's *Bamboo Stone: The Evolution of a Chinese Medical Elite* both have taken the focus off foreign philanthropy and its supposed "impact" on China.[71] Instead Bullock and Minden examine Western medical education from a model of adaptation and assimilation that emphasizes the agency of the Chinese graduates (and later Chinese faculty) in the cross-cultural transfer of medical knowledge and both studies together offer a template for the present study.

---

[69] Zhang, "Zhongguo yiyao weisheng gaikuang," 152. Zhang's numbers seem slightly different from those I have found, compare Bullock's numbers "313 [graduates] between 1915-1934," which agree with UBCCC files that 313 had graduated by 1934, and 20 more graduated in 1935, and in the next ten years the total had come up to 539 total graduates, "Cheeloo University College of Medicine, Present Occupation of Graduates Fall 1945," YDS RG 11-244-3995.

Minden demonstrates that she was originally influenced by assumptions of the discourse of Chinese nationalism that denigrated the motivations of the missionaries, and saw Chinese graduates as motivated by fervent nationalism, but her assumptions were often challenged during the process of interviewing and surveying graduates from West China Union University School of Medicine (WCUU) that patriotism could be defined differently from nationalism:

> When I portrayed the missionaries as culturally insensitive, I was chastised by their Chinese students, many of them well into their seventies, for misunderstanding the mutual devotion of many of the missionary educators and their students. When I surmised that the Chinese alumni were motivated by a fervent nationalism, I was gently corrected with the observation that *ai guo*, love of country, was not to be confused with the negative exclusiveness of national sentiment.[72]

The goals of WCUU paralleled those of Cheeloo, as the success of the institution would be judged by the extent to which the missionaries could transmit "Christian, liberal-democratic values" along with technical skill in medical science and care.[73] For Minden it was the graduates themselves as recipients of cross-cultural technology transfer who demonstrated the course of interaction much more than the foreign missionary teachers.[74]

---

[70] For a recent simple narrative history, see Kaiyi Chen, *Seeds from the West: St. John's Medical School, Shanghai, 1880-1952* (Chicago, Imprint Publications, 2001), or for an older example see John Z. Bowers, *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951* (Philadelphia: Josiah Macy, Jr. Foundation, 1972), and for an administrative history see Mary E. Fergusun, *China Medical Board and Peking Union Medical College: A Chronicle of Fruitful Collaboration, 1914-1951* (New York: China Medical Board of New York, Inc, 1970).

[71] Bullock, *An American Transplant* (Berkeley: University of California Press, 1980), and Minden, *Bamboo Stone*, (Toronto: University of Toronto Press, 1994).

[72] Minden, *Bamboo Stone*, 5.

Minden's sources have provided a research guide for the present study. To corroborate her interview and questionnaire data, Minden used archival material gathered at the United Church of Canada Archives in Toronto and the West China University of Medical Sciences Archives in Chengdu. While WCUU was primarily a Canadian effort, the Canadian contribution to Cheeloo University and Medical School, while significant, was not as important. Cheeloo's mission cooperation included missionary organizations from Great Britain, the U.S. and Canada, with the U.S. influence being the most significant in terms of numbers of missionaries and financial support. Shantung Christian University (Cheeloo) was incorporated by an act of the Canadian parliament in 1924, but this act required very little on the part of the Canadian government in regards to Cheeloo, and very little responsibility from Cheeloo to Canada in return.[75] While the present author spent time in the United Church Archives in Toronto, it was in the Presbyterian Church Archives (PCUSA) in Philadelphia and in the United Board for Christian Colleges in China (UBCCC) at Yale Divinity School Special Collections in New Haven that the most complete records were discovered about Cheeloo. At the UCC archives, copies of correspondence between Dr. Ernest B. Struthers (Dean of Cheeloo Medical School during and after the critical Japanese war years) and his students-in-exile demonstrate the experience of Medical graduates outside of the PRC after 1952. The

---

[73] Minden, *Bamboo Stone*, 47.

[74] Minden, *Bamboo Stone*, 19.

[75] Order-in-Council 14-15 George V. Chapter 99 "An Act to incorporate Shantung Christian University" [Assented to 19th July, 1924.] vol. II-6, 81-84, found in Presbyterian Church Archives (PCUSA) RG 82-25-9. See also discussion in Corbett, *Shantung Christian University*, 163-65.

UBCCC archives yielded almost complete copies of Medical School publications, along with a file of questionnaires of Cheeloo graduates in 1947. These three basic sources enable a limited but significant reconstruction of graduates' careers in China from 1917-1947, and for dozens of alumni outside of China, careers subsequent to 1949. While data is unavailable for the careers of graduates who stayed in China during the most tumultuous years of Maoist China (1957-1976), biographies in the *Qilu yiyuanzhi* give professional accomplishments of Cheeloo graduates before and after this twenty year silence, and some conclusions about experiences during anti-intellectual campaigns of the 1960s and 1970s can be drawn based on the experiences of Minden's WCUU Medical School graduates and other secondary sources.

Mary Bullock's research amends gaps in our knowledge of other Chinese medical graduates, those of the prestigious PUMC. Two full length book studies on PUMC were written in the 1970s, yet Mary Bullock saw the need to focus on the careers of the PUMC students, and to question the PUMC model of limited, expert, scientific training.[76] For Bullock, the relationship between the foreign faculty and the Rockefeller Foundation in the US was not primary (Ferguson's emphasis), nor were the research and careers of the western faculty of the PUMC (Bowers' study). Rather, as part of what Paul Cohen would call four years later the "China-centred approach," Bullock attempts to reach beyond the aggressive-passive emphasis of a Western impact, Chinese response model that has characterized so much of research on philanthropy. According to Bullock, this approach to intercultural relations has four interrelated problems. While on the one hand this type of language implies that the "impact" determines the "response," on the other it suggests that a country can have a unified response to outside influences. In this way, the impact-response approach focuses on the benefactors while leaving the recipients only a passive role in the exchange. Finally, this model does not take into account the changes that take place over time. For Bullock, the cross-cultural transfer of technology involves ideology, institutions and individuals, and the important issues are not impact-response, but adaptation and assimilation.[77] Adaptation is the effort of those attempting to transfer Western medicine to China, while assimilation is the "modification and selective absorption" of the ideology and institutional form by Chinese people to the situation in China. Bullock emphasizes the role the graduates of Peking Union Medical College played in both the adaptation and assimilation of Western medicine in China. Although her emphasis is slightly different than that of the present study, Bullock provides a complex research model that can be adapted to the situation of Cheeloo Medical School. By focusing on the Chinese graduates of the medical school as actors in this history of medical education, we can avoid the criticisms of both Chinese Marxist histories and Western "China-centred" scholarship, while also cutting deeper into the hybrid identity and motivations of the Chinese women and men who wanted to become doctors at a Christian medical school.

As head of American academic exchanges with China during the 1980s, Mary Bullock has lamented the dearth of biographies of American trained scientists with professional careers in both the Republican and People's Republic eras and seeks to fill that gap with her biography of Zhou Peiyuan, the physicist and colleague of Einstein who headed most scientific diplomacy between China and the West during and after the Maoist era. Bullock argues that Zhou's nationalism never caused him to give up international connections, international

---

[76] Ferguson, *China Medical Board and Peking Union Medical College*, and John Bowers, *Western Medicine in a Chinese Palace*.

[77] Bullock, *American Transplant*, xviii-xix.

approval, even during the isolation of the Cultural Revolution.[78] In chapter 3, I trace the careers of some Cheeloo graduates through unpublished English sources and published Chinese biographies in an attempt to fill the gap that Bullock has identified. Much of the information available centres on the professional development of the Cheeloo alumni, and the post-Mao phenomenon of pre-1949 graduates rising to the highest positions in hospitals, universities, and government health positions, and leading China back into international exchanges after thirty years of isolation. The evidence gathered here indicates that a high professional standard was the part of the Cheeloo spirit that all alumni embraced for a lifetime. Yet the current study attempts to go further by examining the significance of the Cheeloo use of Chinese instruction and emphasis on Christian service in developing lifelong values among graduates. Bullock is not interested in questions of morality and the influence of Christianity, but echoes Jessie Lutz in arguing instead that secularization of the Christian colleges was more significant a phenomenon than the Christian influence.[79]

If Bullock's reference to the secularization of the Christian influence in China refers simply to an increasing focus on natural sciences and a corresponding decreasing focus on religious curriculum, then Cheeloo University and Medical School followed this general pattern. But did modernization, internationalism and professionalization mean the death of a selfless Christian morality that included *ai guo* (love of country)? At least two of these components were found to be correlated according to a 1933 study by the Institute of Pacific

---

[78] Mary Brown Bullock, "American Science and Chinese Nationalism: Reflections on the Career of Zhou Peiyuan," in Gail Hershatter and others, eds., *Remapping China: Fissures in Historical Terrain.* (Stanford: Stanford University Press, 1996), 210-223.

[79] Bullock, "American Exchanges with China, Revisited," in Joyce K Kallgren and Denis Fred Simon eds., *Educational Exchanges: Essays on the Sino-American Experience.* (Berkeley: Institute of East Asian Studies, 1987), 34-5.

Relations that found a strong correspondence between exposure to Christian influences and a strengthening of international and interracial attitudes among students in Christian colleges.[80]

But I believe by using diverse theoretical insights from recent scholarship of identity formation and sociology of modernization we can build on Bullock's argument of adaptation and assimilation that these two processes were important not only in cross-cultural medical transfer (her argument) but also in the formation of the hybrid identities of the Chinese doctors themselves. Minden suggests that there was an attempt to create a hybrid of east and west at WCUU to create a "New Learning" that was "stronger than either culture's ideas and values alone."[81] If, in the same way, a "Cheeloo spirit" truly developed among the medical students during their years in Jinan, then we should not understand these medical scientists in strict categories as either Chinese or de-nationalized, as christianized or professionalized, but as products of a hybrid environment that combined many diverse categories of identity. Ming-cheng M. Lo has written that hybridity "signifies the encounter, conflict, and/or blending of two ethnic or cultural categories that, while by no means pure and distinct in nature, tend to be understood and experienced as meaningful identity labels by members of these categories."[82] Lo raises issues of identity formation among medical students and doctors in colonial Taiwan where ethnicity (defined as ethnic difference) did not form the primary cultural category, but rather it was the professional culture which provided another "cultural toolbox" located both within and outside of their ethnic boundaries. If the analogy holds, then what happened at Cheeloo for many medical students was the development of a hybrid identity where professional culture, a culture devoted to service, select aspects of traditional culture, and an internationalism combined with patriotism (but not nationalism) were all "cultural toolboxes" from which tools for understanding and acting in the world could be drawn. Lo's model allows the constructed hybrid identities of his subjects to critique constructions of the universality of modernity, but also to emphasize the key role of human agency in identity formation.[83]

---

[80] Referenced in Philip West, *Yenching University and Sino-Western Relations, 1916-1952.* (Cambridge and London: Harvard University Press, 1976), 162.

[81] Minden, *Bamboo Stone*, 50.

[82] Ming-cheng M. Lo, "Between Ethnicity and Modernity: Taiwanese Medical Students and Doctors under Japan's Ko-minka Campaign," *positions* 10, no. 2, (2002): 324, n. 22.

I propose that Christianity also be viewed not as opposed to modernization, but as one more "toolbox" most Cheeloo graduates possessed in their identity formation. One of the enduring contributions sociologist Talcott Parsons has made is his rejection of the naïve secularization thesis so central to both Marxist and non-Marxist approaches to modernization until the 1960s. The assumptions of Bolshevik revolutionaries like Lenin and his agent-in-China, Borodin, and western liberal intellectuals like John Dewey and Bertrand Russell, who had such a great influence in China, were that religion (especially Christianity) was a social phenomenon whose utility would be superseded in industrial societies, without allowing for the ability of religions to adapt and assimilate themselves in the modern world. In the 1920s in China, these intellectuals and their Chinese followers claimed that China would only be making a step backwards by accepting Christianity as part of the package of Western technology and modernization. Even today we continue to see vestiges of this secularization thesis in the academy that fails to account for (or simply ignores) the continuing importance of Christianity in the U.S. 150 years after the industrial revolution, and the strong resurgence of religion

---

[83] The concept of the hybrid identity is no more stable than the original categories, according to Lo's "constructionist" approach to identity formation. Lo explains the struggle for identity of those on the margins of modernity (his Taiwanese doctors under Japanese colonialism during WWII) by using Paul Gilroy's conception of the Du Boisian "double consciousness," and the result is that "When the marginalized seek to single-mindedly anchor their identities in modernity . . . they cannot escape the burden of an incoherent self either." Lo, "Between Ethnicity and Modernity," 318-319; see also Paul Gilroy, *The Black Atlantic: Modernity and Double Consciousness* (Cambridge: Harvard University Press, 1993).

(including official and unofficial independent Christian movements) in China after the end of radical politics in the 1980s.[84]

Bullock does claim the Christian colleges have been largely "underestimated" in regard to continuing educational influence in China in the post-Mao reform era. The discourse of service and professionalism of Cheeloo Medical School will be analyzed in the chapters that follow. By examining how the Christian ideals of the medical school influenced the course of the institution and its graduates, this study will attempt to move beyond materialistic evaluations of Cheeloo's contribution to China's current medical system and make some preliminary attempts to appraise how the religiously oriented values and ethics of students and faculty affected the program of the institution and individuals in selflessly committing themselves to the people of China. The present study will attempt to bring the history of Cheeloo Medical School out of discussions on the Christian Colleges and medical modernization and attempt to recognize the broader relevance of Cheeloo in challenging discourses of nationalism by examining the hybridity of medical alumni. Chapter 2 compares the tripartite discourse of Cheeloo (Chinese language, professionalism, and selfless service) with the evidence available about the post-graduation choices of medical students between the opening of the union medical college at Jinan in 1917 and the Japanese invasion in 1937. Chapter 3 will pick up the story after 1937 using a diverse set of sources that show Cheeloo graduates acting in wartime, in exile and in the PRC after 1949.

---

[84] Although Julia Ching predicts a positive future for Christianity in China, she still refers back to the secularization thesis, that Christianity attracts those who are attracted to Western culture, and that as the country becomes more Westernized, secular values will likely displace religious values, *Chinese Religions*, (Hong Kong: MacMillan Press, 1993), 201.

Chapter 2
The Three Ideals of Cheeloo Medical School, 1917-1937

> In all its work, the School keeps in view three ideals:
> *High professional standards...*
> *Instruction in Chinese...*
> *Development of Christian character.* Only the spirit of the Great Physician can overcome the selfish commercialism which has retarded and debased earlier medical practice and can raise the new profession to high ideals of unselfish service.
>
> Shantung Christian University School of Medicine Publicity Brochure, c. 1926[1]

Between 1917 and the Japanese invasion of Shandong in 1937, Cheeloo University Medical School produced a discourse in English and Chinese publications that emphasized the suitability of their graduates to mission hospitals and rural work, the evidence of the Cheeloo spirit. The primary quality of these graduates was self-sacrifice, and their chosen profession was described as a vocation in the Christian sense of a God-given role (*tianzhi*),[2] rather than merely as a job. These graduates who had been trained in Chinese were proclaimed as being more able to bring the benefits of Western medicine to a larger percentage of the Chinese than those trained exclusively in English. Cheeloo Medical School claimed to produce graduates who were both competently trained physicians and self-sacrificing individuals. Cheeloo was not unique among missionary medical schools in its attempt to integrate scientific and moral education, for WCUU in Chengdu also maintained a "Christian spirit of service and self-sacrifice."[3] Yet Cheeloo exceeded the other missionary medical schools in its standards.

Cheeloo was funded partially with a Rockefeller Grant and was considered second only to Peking Union Medical College (PUMC) among all medical schools in China by the China Educational Commission of 1921-22, by a League of Nations health representative in 1931, and by many at PUMC.[4] While the fully Rockefeller funded PUMC produced a large number of teaching physicians and government health administrators, and Shanghai's St. John's Medical School produced physicians for the treaty port business and cultural elite, these and most other medical graduates had been trained in English.[5] St. John's graduates did not leave the urban centers and go "down to the countryside" until forced to by the newly established Communist government after 1949.[6] A gap in language between doctors and the common people, and expensive, urban lifestyles ensured that these graduates would never voluntarily serve the vast population in small to medium-sized cities, let alone the even greater majority in the rural countryside. Complaints were heard that many Chinese graduates of "the better medical schools" (referring to PUMC in particular) were not as willing to serve in mission hospitals as their predecessors had been because these hospitals were poorly equipped and could only pay low salaries. Meanwhile, the great port cities offered an easy lifestyle, better facilities, in a setting where Western medicine was well accepted and private practice could draw large earnings,[7] especially if one made ethically questionable arrangements with the pharmaceutical companies in prescribing drugs.[8] About the only ideal Cheeloo had in common with PUMC and St. John's was the high professional standards that distinguished it as one of the best medical schools in China. While St. John's students in Shanghai concerned themselves with proper evening wear for live concert performances of the likes of Sergey Rachmaninoff, while obtaining fluency in English and what historian Wen-hsin Yeh calls a "cultivated foreignness,"[9] Cheeloo students were kept busy with volunteer activities that included public health work, emergency relief work for refugees, and rural work.

---

[1] *Training Christian Physicians for China: Shantung Christian University School of Medicine, Tsinan, China*, (c. 1926).

[2] Jing Menjiang "Huaren chongshang keyiye zhi guannian" (The Esteem in which the Profession of Scientific Medicine is Held in China) *Qilu yikan* 1, no. 1, (1921): 39.

[3] Minden, *Bamboo Stone*, 53.

---

[4] "Next to the Union Medical College at Peking, the Medical School of the Shantung Christian University is doubtlessly the best equipped mission medical school in China." Quoted in "Training Christian Physicians for China," publicity brochure for SCU School of Medicine (Tsinan: University Press, c. 1927). YDS RG 11; Knud Faber, *League of Nations Health Organisation: Report on Medical Schools in China* (Geneva: Series of League of Nations Publications, 1931), 16; Mary Bullock, *American Transplant*, 129-130. Kaiyi Chen in *Seeds from the West*, p. 246, refers to a Hong Kong author who ranked St. John's, not Cheeloo, as second to P.U.M.C.

[5] Mary Bullock, *American Transplant*, 130.

[6] Chen, *Seeds from the West*, 247-249. Chen points to the "important contribution" of the St. John's alumni who helped spread "modern" medicine across China, and admits that it was involuntary "in some cases," yet in 250 pages of text she gives no examples of individuals or school policies where graduates actually left or were even encouraged to leave the treaty ports.

[7] Latourette, *A History of Christian Missions in China*, 789.

[8] See Hugh Shapiro, "The Puzzle of Spermatorrhea in Republican China", *positions* 6 no. 3, (1998), 571-2, where the author reveals that there was an intricate interdependence between pharmaceutical houses, hospitals,

Table 1 compares Cheeloo and St. John's graduates in 1921, the year that medical education in China was transformed with the opening of the PUMC in Beijing. During the political and social tumult of the early Republican Period (1911-1927), there were few options for young Chinese doctors aside from mission hospital positions and private practice. In 1921 these two categories made up no less than 71% of St. John's graduates' careers, and 87% of Cheeloo medical graduates. Cheeloo's grads made up proportionally more of those filling lower paying mission hospital jobs with 76% of 88 total graduates employed in mission hospitals compared to only 33% of 48 total St. John's graduates. Things had changed somewhat by 1935 when Cheeloo had a larger number of total graduates in private practice, and also had 20% in positions of teaching and public health, yet Cheeloo still had a much larger group of graduates in mission hospitals, and given that Cheeloo produced many more graduates in absolute numbers than either PUMC or St. John's, these percentages were still cause for Cheeloo literature to celebrate their success in meeting their goals.[10]

---

practitioners, and newspapers, and in some cases drug firms employed in-house doctors to prescribe company products, or leading hospitals adopted questionable treatments to maintain market share.

[9] Yeh, *Academy*, 75 (Yeh describes the lifestyle of the bourgeoisie of St. John's in delicious detail on 69-88).

[10] In 1921 Cheeloo had 88 total medical graduates to St. John's 48 (see note on Jing Menjiang below), and in 1934 Cheeloo had 313 graduates to PUMC's 116 (Bullock, *American Transplant*, 127, 129). Thus Cheeloo averaged 16.5 graduates per year between 1915 and 1934, while PUMC averaged 12.8 between 1924 and 1933.

Table 1: Cheeloo graduates compared to St. John's in 1921

	Mission Hospitals	Army Service	Teaching & further study	Other Hospitals	Private Practice	Misc.[11]
Cheeloo[12]	76%	9%	2%	~	11%	2%
St. John's[13]	33%	~	13%	10%	38%	6%

Table 2: Graduates of Cheeloo and PUMC: Comparative Occupations in 1935[14]

	Private Practice	Hospitals	Public Health	Teaching	Miscellaneous
Cheeloo	38%	37%	11%	9%	5%
PUMC	6%	21%	20%	51%	2%

More ambiguous was the place of rural health work at Cheeloo medical school. Some historians have been sceptical of how much of the rural programs were just talk, and how much was action. There is evidence that the rural reconstruction movement in the colleges appealed to donors and administrators in the U.S., Canada and the U.K., and so administrators in China devoted much of their reports and fund appeals to the social welfare efforts of the colleges. In fact, the Cheeloo rural program was initiated before sufficient funding or planning were in place, so instead of incorporating the program fully, professors and students were forced to use their limited spare time to participate.[15] Other scholars have been more positive about the role of Cheeloo in its role in the rural emphasis and its "pioneering programs that complemented the National Health Administration's work in the mid-1930s." Cheeloo's rural program was just reaching a new high in 1937 with Rockefeller funding for research and development of projects, but these were halted by the Japanese invasion. Other rural projects at Cheeloo that were being developed before the outbreak of the war included rural health internships for Cheeloo medical students in coordination with the National Health Administration and Cheeloo's role after 1936 in the government-funded North China Council for Rural Reconstruction that was developing rural programs in sixteen counties around Jinan.[16]

---

[11] Includes graduates not located, not practising, and dead.

[12] *RSM*, (1921), (Tsinan, Shantung: University Press)

[13] Jing Menjiang, "Huaren chongshang keyiye zhi guannian," (The Esteem in which the Profession of Scientific Medicine is Held in China) *Qilu yikan* 1, no. 1, (1921): 36-37. Unfortunately, this is the only source I can find, as the recent *St. John's* by Kaiyi Chen has no statistics, only an appendix with the names of each year's graduating class.

[14] Taken from Bullock, *American Transplant*, 129. Bullock notes "Cheeloo Medical College graduated 313 students between 1915-1934. This analysis is based on their occupations in 1935. Randolph T. Shields, "Distribution of Cheeloo Medical Graduates, January, 1935," 1 Archives of the Presbyterian Church in the U.S., Montreat, North Carolina. PUMC graduated 116 students between 1924-1933. This analysis is based on their occupations in 1937. *PUMC Annual Announcement*, 1937." I have a copy of the Cheeloo document above that confirms this information.

[15] Lutz, *China and the Christian Colleges*, 291-295.

Service in Mission Hospitals: "Development of Christian Character"

There was no ambiguity, however, in the discourse produced at Cheeloo that most of the graduates had served, "for shorter or longer periods," in the mission hospitals.[17] Wang Jiacheng (g. 1926) was a farmer's son who spent one year in a mission hospital before moving on to industrial medical practice, while Wu Jianxun (g. 1923) spent fourteen years working in mission hospitals before moving on to government health work.[18] Service in mission hospitals, whether it was for only one year or for as many as fourteen, was a practical fulfilment of the third ideal of the medical school: "development of Christian character." It was a demonstration of self-sacrifice in line with "the spirit of the Great Physician," and flew in the face of the "selfish commercialism" that had "retarded and debased earlier medical practice." In the discourse of Cheeloo Medical School, doing mission hospital work was a duty that could "raise the new profession to high ideals of unselfish service."[19] Equally important in this equation were the two components of unselfish service and high standards. Cheeloo graduates were often described as distinguishing themselves through their professional activities in the mission hospitals.

---

[16] Yip, *Health and National Reconstruction*, 148-49.

[17] "Shantung Christian University School of Medicine: A Modern School of Medicine in China," PHSUSA, PAMFOL G 51.18 M6 (1921), 30.

[18] Wang Jiacheng (Wang Chia Cheng), survey dated (n.d.), YDS; Wu Jianxun (Wu Chien Hsün), survey dated 8 June 1947, YDS.

Cheeloo's president and professor of surgery, Harold Balme, in 1920 published the important "Enquiry into the Scientific Efficiency of Mission Hospitals in China," based on a self-administered survey of all the mission hospitals. Balme's survey addressed everything from hospital structural concerns to sanitary provisions. Balme's purpose was to take stock of the mission hospitals in a scientific manner to demonstrate how far the hospitals had come, and also to develop an organized effort to improve those sub-standard conditions that still existed.[20]

Despite shortcomings, missionary hospitals maintained the majority of hospital beds in China in the 1910s and 1920s, and thus provided a foundation for government health development under the Nationalist decade from 1927-1937.[21] In 1931, a League of Nations Health Organization report by Knud Faber noted that mission hospitals served the poor with distinction when very few low-grade municipal hospitals would. As Faber said in his report:

---

[19] *Training Christian Physicians for China: Shantung Christian University School of Medicine, Tsinan, China*, (c. 1926).

[20] Harold Balme, "An Enquiry into the scientific efficiency of mission hospitals in China," presented at the Annual Conference of the China Medical Missionary Association, (Peking, 21-27 February 1920). Balme's motivation for compiling the report are indicated in John Z. Bowers, who tells us that Balme was concerned at one meeting in 1915 that men like Simon Flexner were pushing for the removal of all missionaries from medical faculties because they had been creating "inferior men" of their graduates without "expert teachers." *Western Medicine in a Chinese Palace* (Philadelphia: Josiah Macy, Jr. Foundation, Wm. F. Fell Co., 1972), 54-55. With a return rate of 80% of the estimated 250 mission hospitals in China at that time, Balme's survey can be considered reliable as representative of general conditions in the hospitals. The results of the survey relied on honest reporting by the administration of the hospitals, and the detailed questions, combined with low standards actually reported lends credence to trust the report as many other historians have done (e.g. Yip, *Health and National Reconstruction*, 20).

[21] Yip, *Health and National Reconstruction*, 20.

> The greatest need is for hospitals for the general public and for the poor. Outside of mission hospitals there are only a few municipal hospitals for poor patients. I have seen several and found them in such bad condition that very few patients would use them. In some there were only about 10 patients although many more beds were available and they constituted the only municipal hospital accommodation in large cities. There was a lack of support on the part of the authorities, but the low standing of the medical staff certainly was equally responsible for the bad conditions.[22]

Faber's report emphasized the "valuable work in maintaining hospitals" that had been done by the mission hospitals, which even in 1930 still made up 250 of the total 500 hospitals in China. Yet mission hospitals had limited resources. In 1920, the mission hospitals also had less than adequate conditions for the practice of modern scientific medicine. The out-patient dispensaries were often the most neglected: only 31% maintained modern aseptic standards (possessing floors, walls, and furniture that could be easily cleaned); only 33% had labs.[23] Other sanitary deficiencies further demonstrate the gap between the excellent standards maintained in the teaching hospitals of the medical schools and the poor standards of the missionary hospitals: only 50% of the hospitals made any attempt to control the diet of patients; 33% had no treatment of the water supply (only 8% boiled and filtered, while 42% boiled); 50% did not regularly bathe patients; and 67% of the hospitals relied on ordinary Chinese latrines, or *maofangs*.[24]

Operating rooms were much better equipped, demonstrating the prevalence of surgery and curative medicine as the predominant form of Western medicine practised in the mission hospitals.[25] It was in the operating room that a self-respecting doctor with limited means could concentrate his or her efforts on maintaining some semblance of "modern" or "scientific" standards. One nameless Cheeloo graduate of 1926 serves as an example of how a young Chinese doctor in a mission hospital could demonstrate the perfect combination of scientific efficiency and Christian service. It was the trappings of "scientific medicine" in a "modern" hospital that most impressed the missionary observer about the work of the Cheeloo graduate, its "nice wards [and] electric call bells by each bed" all made the mission hospital a model of sanitary efficiency and organization. Without nurses in many missionary hospitals, the doctor was also responsible for washrooms, and this Cheeloo graduate had "the cleanest lavatories I have seen in China." He had also developed facilities that allowed for proper storage of tinctures and drugs, a fully connected telephone, and electric lights throughout the hospital—and all of these modern gadgets he developed while serving 30-40 out-patients daily and running a daily chapel.[26] It was young doctors like this one Knud Faber had called for in his 1931 report: doctors with adequate training who also would continue to "develop their professional knowledge after graduation," who would be "conscientious" in their work, ensuring that their hospitals were "well-equipped and adequately supported."[27] Cheeloo medical students had been trained in the atmosphere of Christian self-sacrifice and scientific medicine, making them perfectly suited to help bring order in a chaotic and unsanitary China. A willingness to devote their lives (or at least several years) to work in a mission hospital set

---

[22] Knud Faber, League of Nations Health Organization, *Report on Medical Schools in China* (Geneva: Series of League of Nations Publications III. Health, 1931), 9.

[23] Balme, "Enquiry," 5.

[24] 74% of these *maofangs* were cleaned daily. Deodorant was often used in Jiangsu, Anwei, Zhejiang, and Hunan, while it was least used in Manchuria and Guangdong. Hubei and Jiangsu mission hospitals often had the latrines under the same roof as the wards, while Sichuan, Henan and Fujian usually had latrines in a separate building. Balme, "Enquiry," 24.

---

[25] Knud Faber comments on the confidence of Chinese for surgical work, League of Nations Health Organization, *Report on Medical Schools in China* (Geneva: Series of League of Nations Publications III. Health, 1931), 8, 35. See also Florence Bretelle-Establet who argues that Chinese only sought Western medicine for surgically treated diseases that they believed Chinese medicine could not cure, "Resistance and Receptivity: French Colonial Medicine in Southwest China, 1898-1930," *Modern China* 25, no. 2, (1999), 171-204; Yip, *Health and National Reconstruction*, 19.

[26] "Cheeloo's Sponsors in China", n.d., YDS RG 11-245-4012, 3.

[27] Faber, *Report on Medical Schools in China*, 9.

Cheeloo or WCUU medical graduates apart from most doctors who had studied at St. John's or PUMC. Of course, not all graduates of these medical schools avoided mission hospital work, and at least two graduates of PUMC sacrificed a great deal to initiate rural public health reforms, yet those who did so were exceptional cases that dumbfounded their elite peers by their sacrifice.[28] At Cheeloo there seemed to be an atmosphere that echoed the discourse of selfless service in the cause of national salvation as the rule rather than the exception. The transition from medical school to service in mission hospitals was also facilitated for Cheeloo graduates because they were used to functioning in the language of China.

Instruction in Chinese: "Making Modern Medical Science Indigenous to China"

The second ideal of instruction in Chinese and publication of Chinese medical books complemented the first ideal in helping keep Cheeloo graduates focused on serving China through mission hospitals and rural work rather than emphasizing opportunities in Shanghai. By the time the two Rockefeller Commissions on medical education arrived in China in the 1910s the rapidly amalgamating missionary colleges now known as Shantung Christian University had carefully allowed English instruction into the curriculum of most faculties, including the school of medicine despite arguments that allowing English instruction would "rapidly secularize the school."[29] While allowing English as part of the curriculum, the missionary leaders of Cheeloo felt they could not inculcate the desired values in the students without primary instruction being in their native tongue. Cheeloo administrators were aware of what was happening at Christian colleges that used English. At St. John's, for example, where hopes that a humanistic Christianity could lead to a "Christian-inspired cultural Renaissance" were undone by the social realities of secularization through patronage of the comprador elite who used English proficiency developed at St. John's to achieve and maintain status.[30] It was only a matter of time until the discourse caught up to reality and the publicity language used by St. John's contrasted sharply with that of Cheeloo and a similar college:

---

[28] C. C. Chen describes the attitude of his classmates at PUMC toward public health problems in rural China as "one of apathy and inertia," *Medicine in Rural China: A Personal Account.* (Berkeley: University of California Press, 1989), 43.

> While the rhetoric of St. John's reverberated with words like *benefits* and *utility*, North China College eulogized *duty, gratitude,* and *Christian zeal* . . . While northern colleges such as North China College and Shandong Christian College [Cheeloo]—colleges that emphasized religious teaching and used Chinese—developed into institutions with a strong rural base, St. John's grew by building upon the social basis of an affluent clientele in the upwardly mobile commercial and professional classes of Shanghai.[31]

Cheeloo School of Medicine claimed that its reason for teaching in Chinese was to make instruction available to "a large proportion of the students" who could only be reached in their "native tongue." Yet it was only possible to teach in Chinese if there were a sufficient number of quality textbooks that had been translated into Chinese. Because a "majority of the Publication Committee of the China Medical Association" was composed of members of the faculty of the School of Medicine at Jinan, Cheeloo had, according to its own publicity, "taken the lead in making modern medical science truly indigenous to China."[32]

Always bubbling just under the surface, the debate between English and Chinese language medical education became acute in the 1910s when Rockefeller Foundation commissions with all the potential sponsorship money and power that they represented evaluated the missionary medical schools using Chinese instruction. While William Welch of Johns Hopkins Medical School supported Chinese language medical education, saying that

---

[29] Corbett, *Shantung Christian University*, 77.
[30] Yeh, *Alienated Academy*, 63.
[31] Yeh, *Alienated Academy*, 64.

"Chinese students taught medicine in English are likely to be out of touch with the people and will not advance Chinese medicine,"[33] other members of the Rockefeller committee, like George Vincent, looked down on Cheeloo, saying that it was unlikely that "this Mandarin-speaking group will be able to successfully perpetuate itself."[34] Editors of the Cheeloo-based *Qilu yikan* (*Tsinan Medical Review*) begged to differ with doubters like Vincent. In 1921 with the debate still fresh, and $20,000 of Rockefeller Foundation money supporting Chinese medical education in Jinan, the editors argued that, "all who know the Chinese language best are convinced of its capabilities as a medium for conveying the knowledge of any subject, whether theoretical or practical."[35] Cheeloo boasted that it had produced over 539 medical graduates by 1945,[36] and most of its Chinese professors of medicine in 1945 were graduates of Cheeloo who had gone on to post-graduate work at PUMC or overseas.[37]

Instead of letting the lack of Chinese medical textbooks be a handicap, Cheeloo excelled in producing some of the best trained physicians in China and became the centre in China for translating medical books into Chinese. Appendix D provides a list of 61 medical textbooks and other works that were translated or revised by the translation bureau based at Cheeloo Medical School. The translation bureau took advantage of the voluminous literature of scholarly Chinese medicine to render medical terms and created new terms when these were

---

[32] *Training Christian Physicians for China: Shantung Christian University School of Medicine, Tsinan, China* (c. 1926).

[33] From Welch, Diary #1, p. 83, in Bullock, 41

[34] George Vincent to Simon Flexner, August 13, 1919, Simon Flexner Papers, quoted in Bullock, *American Transplant*, 41-42.

[35] *Qilu yikan* 1, no. 1 (1921), 3.

[36] Dates are from 1915 to 1945, and numbers include 57 who graduated from the Women's Union Medical College before 1924 when it amalgamated with Cheeloo. Source: "Cheeloo University College of Medicine Present Occupation of Graduates, Fall 1945" YDS RG 11-245-4012.

[37] Eight of eleven Chinese faculty of Associate Professor rank or higher were Cheeloo Medical graduates in 1944, "Questionnaire Regarding University Medical Schools," YDS RG 11-245-4011-12, 2. There were only four foreign professors in the medical department at that time, those who had not gone to Chengdu were interned by the Japanese, or had returned to their home countries.

absent. Chinese medical textbooks were produced for Anatomy, Surgery, Histology, Embryology, Obstetrics, Pathology, Physiology, Orthopaedics, Dermatology, Venereal Diseases, General and Diagnostic Medicine, Internal Medicine, and Gynaecology. These textbooks were used by almost all public and private medical schools using Chinese as the language of instruction.[38] Perhaps even more important than the textbooks, which were quickly outdated and in need of revision, was the *Qilu yikan* (Tsinan Medical Review). In the *Qilu yikan*, members of the translation bureau and other faculty of Cheeloo Medical School translated a selection of recent English medical journal articles while contributing to original research. In the 1921 inaugural issue, the editors expressed that in keeping graduates of Chinese medical schools informed of new discoveries from the rest of the world and allowing for networking and sharing of information, "the cause of scientific medicine and Christian philanthropy may be promoted in China."[39] During the ten years before it amalgamated with the National Medical Journal, the *Qilu yikan* featured original research articles such as one on "Asiatic Cholera: A Study of One Hundred Cases," as well as translations of articles originally published in English on typhus, treatment of amoebic diseases, the role of cancellous tissue in healing bone, and on new antiseptics, all in the first issue published in 1921. The *Qilu yikan* also had a section called "University Notes," where several generations of the medical college graduates could keep each other up to date on their careers.

High Professional Standards: Science to Overcome Despair

The publication of the *Qilu yikan* suggests there was a sense of camaraderie among the graduates of Cheeloo whose long years of training in the scientific method gave them a worldview that set them apart not only from the vast majority of Chinese for whom higher education was less than a dream, but also from other university students. Where other intellectuals struggled for a place in a no-man's land between rejection of traditional culture and the unfulfilled promises of student nationalism, Western philosophies and materialism, medical students trained in science who had various "toolboxes" to draw from in their effort to "save China."

---

[38] William Purviance Fenn, *Christian Higher Education in Changing China*, 144.

Examining the similarities among all medical students in China can help us contextualize Cheeloo's distinct discourse about the graduates more fully. Students of medicine seemed to imbibe a deeper sense of purpose than other university students that included a deeper sense of responsibility to humanity, and a freedom from the growing sense of helplessness and escapism felt by university educated intellectuals. After the abolition of the centuries-old imperial examination system at the end of the Qing dynasty, the role of students in society and the values to which they clung were open to negotiation with the newly imported values of science and capitalism. Students felt as if they were caught in the middle; without official cultural authority or their traditional place of leadership in society, what position did they occupy?[40] Many students embraced a deterministic social Darwinian worldview that left little place for the actions of individuals and those at the non-missionary institutions were characterized by loneliness and by the absence of a campus community of guidance, support, social engagement and core cultural values.[41] While some students became political activists, many of them wavered between a despair that could end in suicide and materialism and worldliness that led to extravagant expenses and entertainments.

---

[39] *Qilu yikan* 1, no. 1, (1921), 4.
[40] Yeh, *Alienated Academy*, 261.
[41] Yeh, *Alienated Academy*, 246-47.

Nationalist (GMD) government ideologues in the depression-era 1930s claimed that student unemployment was not a government problem, but the result of students majoring in "soft" subjects instead of technological and hard scientific subjects.[42] Medical students, nursing students, pharmacists and medical technicians all fell into the category of "productive" professions. Medical students proved to be much more stable in their activities, careers, and subsequently also tended to be apolitical during many of the student movements of the 1920s and 1930s.[43] With an unlimited potential for service in mission hospitals and excellent opportunities for specialization and personal accomplishments, medical doctors had little time for the *ennui* that other students felt at the time.

An article in the *Qilu yikan* of 1921 broaches the subject of the changing nature of the medical profession in China at that time. The author of the article, Jing Menjiang, claimed that the tragedy of the educated in 1920s China was that they were often engaged in professions that were not related to their training:

> Those who studied chemistry dedicate their lives to the political stage. Those who studied civil engineering end up as post office clerks. Lawyers are translating medical books. Mining engineers are professors of English in business schools. [Many] are engaged in professions not related to their training (*yong fei suo xue*). There are many such examples. How can professions be saved from this fate? Only our profession of medicine has firmly managed [to avoid this situation].[44]

Jing goes on to say that although from the outside those entering the medical profession may be perceived as people who desire the high respect and large salary of a doctor, the realities of medical work did not support that argument. Doctors had to do unpleasant duties, with a salary incommensurate with the sacrifices made, and those doctors in mission hospitals did not even have the comfort of a high salary. These and other negative factors were enough, according to Jing, to eliminate those without a more than average amount of perseverance and something of the "mysterious power" (*moli*) that drew them to the profession. Anyone who could make it to graduation after many long and arduous years of study must be excellent, with body and spirit both of top quality, for, "If [medical students] are not healthy and moral people, they cannot stay in this field."[45] Knud Faber concurred with Jing that medical doctors must be strong enough not to lose "professional morale" or neglect their hospitals in the face of problems.[46]

---

[42] Yeh, *Academy*, 193.

[43] See C.C. Chen, *Medicine in Rural China*, 42-3.

[44] Jing Menjiang, "Huaren chongshang keyiye zhi guannian" [The Esteem in which the Profession of Scientific Medicine is Held in China], *Qilu yikan* 1, no. 1, (1921), 35.

Although their personal writings are limited, we can see a pattern of medical students using science as a way of overcoming the despair of their non-scientific peers. If we return to Ming-cheng M. Lo's metaphor of "cultural toolboxes," medical students trained at Cheeloo had multiple toolboxes at their disposal.[47] If "Chinese culture" did not provide the tools to cope with the rapid changes in society, the professional culture of modern medicine did. Laboratory medicine was a precise and methodical way to deal with some of the problems young intellectuals were faced with everyday in China. And for many Cheeloo medical students, Christianity offered another set of tools for dealing with the world, whether it was seen primarily as a personal faith or more broadly as a force for social change and national salvation.

For alumni of WCUU Medical School, mastering Western medical science was the path to gaining freedom from the chaotic Republican period. By gaining a professional status, they could more easily maintain a sense of stability in a changing environment.[48] Perhaps this is the reason that after initial enthusiasm during the events of the May Fourth period in 1919, most medical students, including those at Cheeloo, can be characterized as conservative in interacting with political movements, often ignoring them altogether in single-minded pursuit of their goal. Once in possession of the medical degree, they felt they could contribute in their own way to saving China.

---

[45] Jing, "Esteem of Scientific Medicine," 39.

[46] Faber, *Report on Medical Schools in China*, 10.

[47] Ming-Cheng M. Lo, "Between Ethnicity and Modernity." See discussion in Chapter one.

A survey of course catalogues confirms Jing Menjiang's claims and quantifies some of the differences between the study of medicine and the four year Arts & Science course at Cheeloo. Medical students were required to take two years of pre-medical studies at Cheeloo or another institution before embarking on a rigorous five year medical course. While in the mid-1920s Arts & Science and pre-medical students were required to complete 20 credit hours per semester, and pre-theological students only 16, the medical students averaged 30-33 hours per week of medical and science courses, with an additional 5 hours per week of English courses over the first four years of medical study.[49] Medical students, as compared to Arts & Science students, also had to come up with 30% more money per year to pay for their tuition and other expenses.[50]

---

[48] Minden, *Bamboo Stone*, 153.

[49] SCU, Bulletin of General Information, University Bulletins, No. 47, (Tsinan: University Press, 1925): 55-56; SCU, Pre-Medical Department, University Bulletins, No. 38, (Tsinan: University Press, 1924-25): 4-5; SCU, School of Medicine, Bulletin No. 37 (Tsinan: University Press, 1923-1924): 10-11.

[50] Estimates of student expenses included tuition, athletic fee, dormitory fee, light deposit, breakage deposit, laboratory fee, key deposit, board, books, clothing, contributions and other miscellaneous fees. Fees were lowest for theological students at $119 to $193 per year, while an estimate for Arts, Science or Education students was between $171 to $287. Pre-medical students ranged from between $188 to $314, and medical students from $241 to $369 per year. Medical school expenses were significantly more based on 20% higher tuition than Arts & Science (300% more than Theology), 400% higher laboratory fees, and 300% higher book and stationery costs. SCU, Bulletin of General Information, University Bulletins, No. 47, (Tsinan: University Press, 1925): 52-53.

With all of their extra pressures medical students at Cheeloo did not have time to develop a complex social life like the Shanghai students of St. John's.[51] On top of their busy course schedule, Cheeloo students volunteered to help war, flood and drought refugees, plague victims, and urban and rural poor in Shandong. As early as 1918, during the pneumonic plague (influenza epidemic), the senior students of the School of Medicine were said to "voluntarily" offer their services as sanitary officers, despite increased risk to themselves, and thus "stamped out" the epidemic in a month with only 16 deaths occurring. In 1919, student doctors and nurses worked "day and night" to fight the local cholera epidemic in special wards in the hospitals.[52] In 1924, medical students were praised for giving a significant amount of time to public service including work at the university social centre, night schools for employees, and religious services in the hospital wards.[53] Medical students immediately gave up their dinners and then rolled up their sleeves to cook food for their patients during a cooks' strike during the 1924-1925 school year,[54] and in 1930-31 volunteer students began public health work and rural education in two villages close to Jinan.[55] In 1935 when the Yellow River, "China's Sorrow" changed course and flooded 2,000,000 people from their homes, Cheeloo medical students were asked to assume medical care for the 16,000 flood refugees in Jinan. In eleven groups of two doctors and eight students, the medical students were reported to have worked "enthusiastically," giving up free time to visit camps at least twice and up to four times per week. Students spent over 1500 hours with a voluntary smallpox inoculation program and helped avoid a major epidemic.[56] In 1936 third year students followed up the success of the refugee work by spending two days travelling by train and donkey to reach 2,500 school pupils with thorough medical examinations.[57] And in 1937 medical students spent their spare time training for field ambulance work in anticipation for the roles many of them would play in the Sino-Japanese War (WWII).[58]

---

[51] To be fair to St. John's medical students, Yeh never mentions them specifically, but since the Cheeloo spirit was consistent in other departments (Arts & Science, Theology) one assumes that patterns for St. John's would be similar given the corresponding statistical data described above. And Cheeloo medical students were encouraged to participate in sports and physical activity, however, because active lifestyle could combat the number one cause of student breakdowns and death—tuberculosis. (UBCCC, "Questionnaire Regarding University Medical Schools" Report made by E. B. Struthers (4 December, 1943) YDS RG 11-245-4007-12.

[52] "Shantung Christian University School of Medicine: A Modern School of Medicine in China," 26, PHSUSA, PAMFOL G 51.18 M6 (1921).

[53] *RSM* (30 June 1924), 14.

[54] *RSM* (30 June 1925), 13.

The goals of Cheeloo Medical School extended beyond merely filling positions at mission hospitals. In 1920 the stated goal of the medical school was to produce well-trained doctors who could do no less than bring about the "true salvation of China." In 1923 the report of the School of Medicine said that "It is gratifying to note the large proportion of our graduates who enter into and continue in the service of mission hospitals in spite of the much higher income that can often be obtained elsewhere." At that time Cheeloo claimed almost 90% of its graduates from the previous five years were in such positions.[59] In 1931 82% of 242 total graduates had served for shorter or longer periods in mission hospitals.[60] In 1933 at least 40% were currently working in mission hospitals, and only 62 graduates were in the six largest treaty port cities. Accordingly, the same report could boast that "this proves conclusively that our graduates do not as a rule collect in larger cities."[61]

In 1935, the ideals remained the same as in 1926 and earlier—high professional standards, instruction in Chinese, and development of a service-oriented Christian character in

---

[55] *RSM* (30 June 1931), 7.

[56] *Cheeloo Monthly Bulletin* (hereafter *CMB*), no. 22 (31 October 1935): 1; no. 24-25 joint issue (December 1935 and January 1935): 5-7.

[57] *CMB*, no. 29 (May 31, 1936).

[58] *CMB*, no. 38 (June 12, 1937).

[59] *Report of the School of Medicine of the Shantung Christian University*, (Tsinan, Shantung, China: University Press, for the year ending June 30th, 1923), YDS RG 11-245-4007-12.

[60] *Report*, (1931), YDS RG 11-245-4007-12.

graduates that could combat the appeal of "selfish commercialism" within the medical profession.[62] The Japanese occupation of North China lasted between 1937 and 1945, and despite the chaos of this period when Cheeloo medical school split and transferred part of the faculty and student body to the far west of China, the goals of Cheeloo remained essentially the same, and in a letter of 1945 Dr. Hou Pao-chang (Hou Baozhang) of Cheeloo wrote that Cheeloo graduates had mostly served in small cities, saying: "we hope to maintain this reputation."

The official publications are consistent in claiming a rural, service-oriented focus of Cheeloo alumni, although these publications occasionally mentioned the few graduates who were "discouragements [who] are not turning out as we could wish."[63] Were these graduates who failed to maintain "professional morale" as Faber had put it, or did they fail in other ways? Another source indicates that not all medical graduates of Cheeloo met missionaries' expectations as well as they did their medical ones, and were criticized for "taking no interest in the Christian work of the hospitals." Yet these disappointments were admitted and combated in the literature with stories of "fine Christian gentlemen" doing "excellent work."[64] It seems that for every complaint, there were many more positive stories about the character and scientific professionalism of the Cheeloo medical graduates.

One source was created specifically to emphasize the service nature of the Cheeloo graduates. About 1935, Cheeloo compiled a list of quotations that praised Cheeloo and her rural, service-oriented graduates. While some of the responses from Chinese educational leaders may have been solicited for the publicity purposes, the continuity of the discourse is

---

[61] *Report* (1933), 7, YDS RG 11-245-4007-12.
[62] *Training Christian Physicians for China*, (Tsinan: University Press, 1935).
[63] *RSM*, (30 June 1926), 12.

striking. The president of the China Medical Association in the 1930s said that Cheeloo medical graduates were characterized by a "spirit of duty and self-sacrifice" demonstrated by their willingness to serve in various small hospitals outside the large cities and bring to the countryside the benefits of medicine that would otherwise be unavailable outside the treaty port cities of the east coast. In the 1930s, Dr. Chang Po-ling (Zhang Boling), founder and president of Nankai University, emphasized the important and unique position Cheeloo held in China. Cheeloo was unique because "you turn out young physicians who, while thoroughly trained, prove themselves adaptable to the conditions in China—you do not spoil them, so to speak, so that they can only live and practice in the few port cities along the sea-coast."[65]

The reputation of Cheeloo grads who served in the countryside and small towns was based on many individual accounts from missionaries and those involved in rural rehabilitation movements. Of one Dr. Ling, it was said by his missionary supervisor that his training at Cheeloo made him the ideal doctor in "an up-country mission hospital." The commitment to rural health service of another alumni was also emphasized in the same document: Dr. Chu traveled over cobble-stone roads between villages calling on her patients—dedication that prompted her supervisor to predict that Dr. Chu would create worthwhile rural programs.[66]

The same document also gives hints at how the graduates portrayed themselves. The graduates did not produce many writings from the period, but in statements they made in a 1947 survey, they often focused on their accomplishments in a wide range of professional and philanthropic activities that included research and publication, teaching, public health and education, health administration, relief and first aid work, translation, welfare work for the

---

[64] *RSM*, (31 August 1928), 17-18.

[65] "Cheeloo's Sponsors in China", n.d., YDS RG 11-245-4012, 1.

[66] "Cheeloo's Sponsors in China", n.d., YDS RG 11-245-4012, 1.

working class and rural health.[67] The results of the 1947 survey will be examined in more detail in chapter 3, but here they help us to contextualize the quotes attributed to graduates in the document "Cheeloo's sponsors." One female medical graduate of 1928 proudly recounted how she spent three years in a mission hospital in rural Shanxi where she and her medical colleagues visited patients daily in a "poor house" where several hundred people lived. Another female graduate, from the class of 1926, worked in Shanghai among the poor, addressing the needs of women in the district of Nantou. Shanghai at that time was home to many exploited female mill workers who would be fired if they were discovered to be pregnant.[68] As a full-time resident physician with two nurses she had developed the beginnings of a district maternity and visiting nurses program. This Shanghai program also included "Mother and well-baby organizations," public health initiatives connected with public baths, and a plan for a birth control clinic.[69]

While admirable, none of the small-scale examples recounted here demonstrate significant developments in urban or rural health care. Historians have evaluated Cheeloo Medical School's contribution to public health in general, and rural health in particular, as commendable yet limited in scope. Yet in most of the literature, Cheeloo is mentioned in passing as primarily a "rural" focused university and medical college. In the early twentieth century eighty-five percent of the Chinese population lived in rural areas and so it was argued that the greatest need for Western trained physicians was outside the cities. It was just at this point that the communists under Mao Zedong were experimenting with rural revolution in south China, looking for ways to help poor peasants who were crushed under the weight of oppressive taxation, natural disaster, and the ravages of ongoing and large scale civil war and attendant banditry.[70] The natural disasters in Shandong drove millions to migrate seasonally or permanently to the northeast region of Manchuria (or overseas),[71] even while many young men either joined bandit gangs or were press-ganged into warlord armies, both types of armed men bringing misery to settled peasants throughout China.[72] This situation meant that the rural population of Cheeloo's immediate surroundings was as precariously balanced between life and death as anywhere else in China. The rural majority were living in villages and were characterized in Cheeloo literature as "undernourished, miserably housed, poverty-stricken, illiterate"; people who needed "education, uplifting religion, worthy citizenship, increased efficiency in agriculture, better homes and wholesome recreation."[73]

---

[67] Based on answers to surveys submitted by graduates in 1947, YDS RG 11-244-3995.

[68] Emily Honig, *Sisters and Strangers: Women in the Shanghai Cotton Mills, 1919-1949*, (Stanford: SUP, 1986), 191-195.

Initiating Rural Health Work at Cheeloo, 1926-1937

Cheeloo Medical School gradually developed modest rural health work after 1926. Despite a slow start caused by lack of funding and leadership, by 1936 Cheeloo had overcome these obstacles and seemed poised to take a leading role in tackling some of the most persistent rural health problems in Shandong. The potential success of the rural health program of Cheeloo University rested on the success of Cheeloo graduate Li Yuren's cooperation with Liang Shuming in sixteen counties of Shandong and Cheeloo professor Gerald F. Winfield's experimental composting project to eliminate the cause of fifty percent of

---

[69] "Cheeloo's Sponsors in China", n.d., YDS RG 11-245-4012.

[70] See Lucien Bianco (Trans. Muriel Bell), *Origins of the Chinese Revolution, 1915-1949*, (Stanford: SUP, 1971), 82-107 for a discussion of the social conditions and causes that led to the 1949 revolution.

[71] See Thomas R. Gottschang and Diana Lary, *Swallows and Settlers: The Great Migration from North China to Manchuria.* (Ann Arbour: University of Michigan, 2000).

[72] See Phil Billingsley, *Bandits in Republican China.* (Stanford: Stanford University Press, 1988) for a detailed social history about bandits, and Diana Lary, *Warlord Soldiers: Chinese Common Soldiers, 1911-1937*, (Cambridge: Cambridge University Press, 1985) for a social history of the soldiers during the Republican period.

[73] "The Cheeloo Rural Program," typewritten document, 17 March 1930, YDS RG 11-244-4004.

preventable deaths in China—untreated nightsoil. But with the Japanese invasion in 1937, all these rural programs were aborted, and Cheeloo was unable to recover the momentum of the rural health program either during the Anti-Japanese War (1937-1945), or in the still chaotic civil war period (1946-1949).

By 1934 Li Yuren was working at Zouping, near Jinan, the site of Liang Shuming's rural reconstruction movement. The work in Zouping used PUMC graduate C. C. Chen's Dingxian public health model,[74] complete with the training of lay paramedics on bicycles who could extend the reach of a centrally located health clinic.[75] Just before the Japanese invaded North China in 1937, Li Yuren left the Zouping Public Health Centre to study one year at John's Hopkins University School of Public Health, an indication that Li would have become a leader for rural health in the proposed expansion of rural reconstruction cooperation between Liang Shuming and leaders in sixteen counties of the province.[76] Yet the significant activities of Li Yuren were not emphasized in the annual Cheeloo Report of the School of Medicine.

Nor did the Report of the School of Medicine emphasize the early rural health work of Cheeloo professor Susan Waddell although her husband, a Cheeloo graduate, Hsu Shih Chu (g. 1933) and his work for two years in Dingxian with C. C. Chen did receive some notice when Hsu and his new wife moved together to work for the national government at a new rural health project near Nanking.[77] Upon Waddell Hsu's sudden death two years later, the Cheeloo Monthly Bulletin (a non-medical publication) praised Dr. Waddell Hsu as "the real founder of Cheeloo's public health work." It was Waddell's initiative to take students to nearby villages, starting classes for children and clinics for women that started the interest that led to the work in Longshan.[78] The Report of the Medical School simply noted Waddell was a member of the department of Physiology when she left Cheeloo to marry Hsu,[79] and was someone whose "work and influence will long be remembered at Cheeloo with gratitude and affection" when she died two years later.[80] While I have found no direct evidence, it seems that Waddell's rural initiative was essentially ignored by her mostly male colleagues until pressure from higher up forced them to begin embracing the rural project. Did she and her husband seek employment elsewhere because of frustration in hitting a glass ceiling at Cheeloo? It was not until the year Waddell Hsu died that the Public Health Department finally took charge of the clinic at Longshan,[81] the same year the charismatic Cheeloo graduate T. H. Sun, editor, fundraiser, and educator took charge of the College of Rural Reconstruction, giving it much needed leadership.[82] But to understand the slowness of the development of the rural emphasis at Cheeloo Medical School with its limitations and successes, we must recount the development of the rural program in the whole university.

---

[74] "The Cheeloo Rural Institute: Report for the Year ending June 1, 1934," and "Rural Reconstruction in Tsouping," (December 1935), YDS RG 11-244-4004.

[75] RSM, Cheeloo University (For the year ending June 30, 1934): 7. This work, begun only in 1935 and cut short by the Japanese invasion in 1937, and only received three paragraphs in Guy S. Allito's 350 page monograph on Liang Shuming and the Rural Reconstruction movement in Shandong, *The Last Confucian: Liang Shu-ming and the Chinese Dilemma of Modernity*, (Berkeley, University of California Press, 1979).

[76] *RSM*, (For the years 1937-38), 13; Allito, *The Last Confucian*, 264; See also Yip, *Health and National Reconstruction*, 148-49.

In 1926, with a nationalist revolution threatening Cheeloo as an institution of foreign penetration in China, the university administration called for "radical changes" to the program of all departments through the introduction of a program of rural reconstruction.[83] The Correlated Program of the Chinese Christian Educational Association recommended in 1928 for Cheeloo to focus on serving rural China, to prepare "men and women to meet the needs of the rural and town populations through the training of teachers, preachers, doctors, nurses and other social and religious workers."[84] No longer was the university to be merely providing skilled workers for missionary hospitals and other church-based projects. A new vision for Cheeloo was being formed that would orient Cheeloo toward a broader goal of becoming part of the reconstruction of China through rural service and research. It was a chance to expand Cheeloo's role in what the medical school propaganda in 1920 had called "the true salvation of China." By garnering the efforts of the departments of sociology, economics, education, medicine, theology, and home economics, and with students involved in actual field work, the university's experiment could touch the "whole life" of a chosen rural community and then produce numerous spin-off projects through graduates.[85] The Cheeloo communiqué of 1926 exuded confidence for the possibilities of the rural program: classes for popular education, day schools, public health campaigns, and lectures on subjects dealing with moral and social reform would all included.[86] There would be cooperation with rural projects taking place at other Christian colleges, like rural sociology at Yanjing University (Yenching) and agriculture

---

[77] *RSM*, Cheeloo University, (30 June 1934): 9. Anelissa Lucas discusses the development of the Jiangning model rural health training station near Nanjing in 1933 with the influence of Borčič of Yugoslavia under the auspices of the League of Nations Health Organization, Lucas, *Chinese Medical Modernization*, 72-73.

[78] *CMB*, No. 22, (31 October 1935).

[79] *RSM*, (30 June 1934): 9.

[80] *RSM*, (30 June 1936): 9.

[81] *RSM*, (30 June 1936): 11.

---

[82] "College of Rural Reconstruction at Cheeloo University," ("1938-1939 or later" [note written on document]). YDS RG 11-244-4004.

[83] "The University and the Rural Community," typewritten document, probably for internal circulation only, 1926. YDS RG 11-244-4004. Rural reconstruction was an issue in the Christian community in China as early as 1921-2, as several articles in *The Chinese Recorder* attest: "The Christian Church and Rural Reconstruction," 52, no. 10, (October 1921): 696-703; and T.C. Chao, "Can Christianity be the Basis of Social Reconstruction in China?" 53, no. 5, (May 1922): 312-318.

[84] Corbett, *Shantung Christian University*, 214-217.

[85] "The University and the Rural Community," 1926 (emphasis in original).

[86] "The University and the Rural Community," 1926.

at University of Nanjing (Nanking). Cheeloo was in a good location and was a "logical" choice for this kind of development:[87]

> Ever since Cheeloo was started, back in 1864, a large proportion of her graduates and ex-students have gone into rural work. Shantung is the foremost example in China of a rural church and a rural school system, built up by our graduates. But these men have known little or nothing of rural sociology, economics, education, or of the rural church. Only in the last ten years, even in America, have men availed themselves of the rapidly increasing body of knowledge along these lines. Shantung and all North China is an old field of work. Our contacts are many, our evangelistic centers are in every county, doors are open on all sides for rural work of all kinds.[88]

They had the motivation and connections—all that Cheeloo students needed was proper leadership to grasp the opportunities.

Cheeloo College of Theology started rural work at the town of Longshan (Lung-shan), east of Jinan, in 1927.[89] It was a town with 460 households, a market center for 139 villages within a five mile radius that included a total population of 68,710 people.[90] The rural institute organized various departments to affect many aspects of life in Longshan, including agriculture,[91] economics,[92] education, homemaking (including nutrition) and health. By all accounts, the program appeared to be an excellent move for the university and the medical college. Why wouldn't a medical school that had drilled "a spirit of duty and self-sacrifice" into their students want to participate fully in the rural health program?

---

[87] "The Ruralized Program for Cheeloo," 25 April 1930.

[88] "The Cheeloo Rural Program," 17 March 1930.

[89] Lutz, *China and the Christian Colleges*, 292.

[90] "The Cheeloo Rural Institute: Report for the year ending June 1, 1934."

[91] The agricultural division used improved seed strains from the University of Nanking and cotton from the U.S. to improve returns for farmers, avoiding model farms because they created artificial conditions, they worked with farmers on their own plots of land, and encouraged poultry production and development of orchards on waste lands. Lutz, *China and the Christian Colleges*, 292.

[92] Many farmers would not alter farming techniques because of crippling interest rates, so Cheeloo organized cooperative credit societies that, while charging 1.5 percent a month, drove the customary interest rate in the local area down from 4 percent to 2 percent a month. Profit from the credit unions were to be used for schools, roads, and other welfare activities. Lutz, *China and the Christian Colleges*, 292.

Initially there was strong resistance to the rural program at Cheeloo, especially in the medical college. The rural program recommended by the 1928 Correlated Program of the Christian Colleges was approved by the Cheeloo Board of Governors, but "strongly opposed" by alumni, faculty and students.[93] According to one account, even the governing board accepted the program with reluctance, while faculty and students actively resisted the move to become a "cow college."[94] About the School of Medicine's contribution to the rural focus, little seems to be said in the secondary literature, but slowly all departments accepted and supported the rural programs. It was not until the mid-1930s that the "pioneering" programs of the medical school began, complementing the National Health Administration's work.[95] Did the service orientation of the medical school help students and faculty to see and meet the needs of rural China? One wonders whether an orientation within Western medicine toward curative medicine and its overwhelming costs/profits overshadowed the possibilities of large public health projects in the villages.

The missionary predilection for curative over preventive medicine was rationalized in a 1932 self-survey of mission hospitals. Missionaries felt that curative medicine demonstrated more good will than prevention; that preventive medicine did not allow medical work to be self-supporting; large-scale prevention was a function of government and not possible with limited resources; that they had not been trained in preventive, but curative medicine; that the death rate in China was a Malthusian answer to looming overpopulation; and that preventive medicine was not so conducive to evangelism as the relationship between doctor and patient.[96]

---

[93] William Purviance Fenn, *Christian Higher Education*, 84.

[94] Lutz, *China and the Christian Colleges*, 292.

[95] Yip, *Health and National Reconstruction*, 148.

[96] W.G. Lennox, "A self-survey by mission hospitals in China", *Chinese Medical Journal* 46 (1932): 484-534, as summarized in Bridie J. Andrews, "Tuberculosis and the Assimilation of Germ Theory in China, 1895-1937", *Journal of the History of Medicine and Allied Sciences* 52, no. 1, (1997): 137. K.S. Latourette poses the question

Primary sources fill in some of the blanks between the initial internal communiqué of 1926 and the actual programs of the mid-1930s. Unpublished documents from 1930 revealed that little or nothing had been accomplished in four years, especially related to medicine. Resistance was evident in the call for "unity" in the university's approach to the rural program. Medical programs and facilities were discussed as projects to be developed, not as already existent. This report surmised that it might still take ten years of extensive rural activities by the university before any large group of students in the colleges would be willing to commit themselves to rural welfare work and forsake family and social expectations that they seek "quickly remunerative positions."[97] This kind of forthrightness, albeit from unpublished documents, demonstrates a weak point in the discourse of service at Cheeloo—individual self-sacrifice was contingent on family and social expectations. But it was not only individual graduates who were slow to beat the drum for the rural program.

The writers of another document chastised the school of medicine for failing to voluntarily participate in coordinated programs with the rest of the university: "The school of medicine … should participate in the Rural Life Program." The school of medicine lacked staff who were experienced with rural medicine and surgery in China, or those who had a "special ability" to arouse the interest of their students to commit to rural service, and so they now needed to begin. But brow-beating was not the only discursive strategy; the carrot was as important as the stick. There were also research benefits that would accrue to those who studied the many urgent problems of public health in the countryside: "Scientific investigation of such problems would be of great value to both the rural communities of China and to the

---

of whether preventive medicine was a positive benefit for overcrowded China, *A History of Christian Missions in China*, 841.

[97] "The Cheeloo Rural Program," 17 March 1930. YDS RG 11-244-4004.

institution undertaking such research."[98] The painfully slow development of rural health in Longshan does not seem to be sufficiently explained by organizational inertia in the medical school. Early in the new decade, reports of rural health work in the official organ of the medical school were rare, and the reports of the Rural Institute were vague at best.

Two equal problems led to the slow start of the rural public health work of the medical school: lack of funds and lack of leadership. Attempts to secure the services of the well-qualified Dr. Yao Xinyuan in the mid-1930s to head up the department were stymied because he was constantly in demand working with the National Health Administration and the National Economic Council. Yao was able to set up some structure to the course, however, between his important government assignments.[99] Then two Chinese doctors were appointed in succession as head of the department in 1935-36, and both served only briefly before they left for other appointments, so the long-serving Canadian Dr. E. B. Struthers was appointed Acting Head of the Department, along with his other duties.[100] Cheeloo medical school was also under increasing financial pressure in the 1930s, not only did Rockefeller grants come to an end, but the worldwide depression meant dwindling support for mission projects combined with currency devaluation.

The first reports of health work at the Rural Institute came five years after the original call for rural health. In 1931 the rural health program was described as being "excellent efforts, but many problems." Mrs. Yu, the sole nurse in charge of the dispensary, gave up the work to take care of her own increasing family, and so three months went by with no nurse at all. Hope was expressed for a physician trained in rural public health, and a plan was been made to survey and research disease and morbidity to help with planning medical requirements.[101]

---

[98] "The Ruralized Program for Cheeloo," 25 April 1930. YDS RG 11-244-4004.
[99] *RSM*, (For year ending June 30, 1935): 9.
[100] *RSM*, (For year ending June 30, 1936): 10-11.

By the end of 1932 the first Chinese language document about the rural work, the "Report of the Cheeloo Rural Institute at Lungshan" (*Sili Qilu daxue Longshanzhen nongcun fuwu she baogao shu*) was issued, attempting to give legitimacy to the rural program within the Chinese sphere. By December of 1932, the report said, two of Cheeloo's doctors were on rotation to perform curative work. At all other times there was a nurse there to take care of routine medical issues. The nurse (who was trained in obstetrics) took care of delivering children, and a dedicated person had been put in place to manage public health. The total number of medical examinations were modest; from September 27 to December 6 there were 190, with 127 males and only 63 females. Table 3 below is translated directly from the report, illustrating sexual differences in treatments, and especially the very low number of women who trusted the new clinic for childbirth.

But at least there was a beginning to all components of the rural program. In 1932 the public health work was getting underway, using the elementary schools to initiate physical examinations of male and female students, paying special attention to signs of cholera, measles and eye diseases, and encouraging students to develop teeth brushing habits for dental health. Despite the low numbers of women seeking obstetric help, the health center in Longshan sought to provide a nurse who could deal with pre-natal, maternity, and post-birth health, but found it difficult because the salary was very low due to the correspondingly low economic means of the farmers.[102]

---

[101] "Report of the Rural Institute, 1930-1931," (1931), YDS RG 11-244-4004.

[102] *Sili Qilu daxue Longshanzhen nongcun fuwu she baogao shu*, (Report of Cheeloo Rural Institute at Lungshan), (December 1932), YDS RG 11-244-4004.

Table 3: Appendix to December 1932 Report of Cheeloo Rural Institute at Lung-shan

Type of Medical Service	Sex	Longshan Village	Other Villages	Total
Internal Medicine	M	17	52	69
	F	30	6	36
Surgical Medicine	M	2	15	17
	F	1	3	4
Ophthalmology	M	4	6	10
	F	3	6	9
Dermatology	M	-	15	15
	F	3	3	6
Dentistry	M	3	4	7
	F	3	1	4
Ear (ENT?)	M	1	2	3
	F	-	-	-
Venereal Disease	M		6	6
	F	-	-	-
Married Women		1	1	2
Obstetrics		2	-	2
Total		70	120	190

Dispensary work then suddenly increased in "popularity" and "usefulness." The year 1933 saw 2711 treatments, which was more than 500% more than any other year. Exactly 580 of these were performed by a doctor, and the remaining 2131 treatments were by the new nurse, Miss Margaret Shih (who had training in public health and child welfare). Patients came from 74 of 139 villages in the five mile district, demonstrating a growing faith in the effectiveness of Western medicine at the clinic. Maternity cases were up from 1932, but still quite low at one or two per month. 152 people were vaccinated, 1000 trachoma treatments were given, and the biology department began research on ascaris and hookworm infection among the district villages. A major public health campaign brought together the medical school, the department of biology and the provincial Mass Education Bureau. The report for that year could now say that health work now required a full-time resident doctor and simple hospital facilities.[103]

The most innovative rural public health work being done at Cheeloo was not mentioned in any of the Medical School reports—it was done by Dr. Gerald F. Winfield, a graduate of the School of Hygiene and Public Health of Johns Hopkins University appointed to the Biology Department in 1932. Whether because of university politics or a simple lack of "unity" in the university, even the department of Bacteriology in the School of Medicine seemed to remain distinct from Winfield's work even when Winfield received a five year Rockefeller Foundation grant for his cooperative project with Yanjing University's chemistry department. Perhaps this was an example of what a wartime evaluation of the rural program would call "scattered undertakings which are without administrative unity."[104] Winfield and Wilson's seven years of experiments in "agricultural sanitation" sought to eliminate the cause of fecal-borne disease in China—the sources of death of four million people in China annually, or one quarter of the total number of deaths from all causes each year. By experimenting with affordable composting methods of the human waste that was used throughout China as fertilizer,[105] Winfield and Wilson and a large team of Chinese graduate researchers, assistants, technicians and station workmen were able to begin a pilot project in one of Longshan's villages. Perhaps success in this project would have brought Winfield and the Medical department into a closer relationship, but the Japanese invasion came just as the pilot project was launched.[106]

---

[103] "The Cheeloo Rural Institute" (1 June 1934). YDS RG 11-244-4004.

[104] "College of Rural Reconstruction at Cheeloo University," ("1938-1939 or later" [note written on document]), YDS RG 11-244-4004.

[105] The "night soil" business was a major part of the Chinese economy, worth between $200 and $400 million Chinese currency per year, *CMB* 29 (31 May 1936): 7, or the equivalent of one million U.S. dollars in 1948, Winfield, *China: The Land and the People* (New York: IPR, William Sloane, Inc., 1948), 257.

Despite the elitism of most PUMC graduates, one extraordinary man, C.C. Chen, pioneered rural health methods through experimentation that were adapted by the CCP after 1949 to radically change the face of public health throughout China. It was this man who, with some classmates, began a weekly health magazine while students at PUMC to take the "duty and sacrifice" message to a much deeper level of social responsibility. In one editorial in the magazine, the *Binying Weekly*, the editor reveals the attitude of most medical doctors in China:

> When I began to study medicine, I considered the duty of the medical profession to be "hanging up shingles" and prescribing drugs for patients. [But] at 25, I have come to believe that medicine is not a profession but a social enterprise. This seems to be a change of personal attitude on my part. *For myself, without this change, I never would have decided to shift my direction of clinical medicine to social medicine and village life; and I would not discuss rural health with my readers.* For the last two years, I have believed that health without education cannot be practiced effectively and education without health is in vain.[107] (Emphasis mine)

What this innovator, later recognized internationally for his extraordinary vision, wrote in 1929 hints at the reason why Cheeloo students in 1930 were often unwilling "to brave family and social demand that they seek quickly remunerative positions and undertake rural welfare work,"[108] and why even in 1937 an honest appraisal of rural work at Cheeloo would say that the few graduates who had gone to rural districts did so primarily from family or personal reasons. For while some might be willing to "sacrifice themselves for the ideal of service," even these would find themselves "cut off from sources of professional support and advancement, with no understanding of how to attack the problems of health in the country except as they learned from experience." Cheeloo and her graduates were mostly out of touch with Chen's work at Dingxian, caught in the web of personal relationships that made it an "inevitable tendency ... to neglect the country."[109]

---

[106] Winfield's account is available in *China: The Land and the People*, 104-145, and 255-275 and a shorter account exists in the *Cheeloo Monthly Bulletin*, no. 29, (31 May 1936): 6-9. Unpublished technical reports include Gerald F. Winfield, Stanley D. Wilson and James C. Scott, *Cheeloo and Yenching Universities Agricultural Sanitation Investigation Sixth Progress Report*, (July 1939): 1-56, and *Agricultural Sanitation Investigation: Report to Cheeloo University Board of Governors*, (Spring, 1941): 1-11. YDS RG 11-244-4000. Yip, *Health*, 148-149, and Lutz, *China and the Christian Colleges*, 293, evaluate Winfield briefly and positively with no hint of a gulf between his biology department and the Medical School.

[107] C.C. Chen, "Concurrent Problems of Medicine, Public Health and Pharmacy," *The Binying Weekly* 4, (Peking, 1929): 21-23, quoted in C. C. Chen & Frederica M. Bunge, *Medicine in Rural China: A Personal Account*, (Berkeley: University of California Press, 1989), 54-55.

[108] "The Cheeloo Rural Program," (17 March 1930): 2.

Chen critiqued Western hospital-based health delivery in China because it could not deal with rural poverty, except on a case by case, charity basis. Richard Brown's critique of the Rockefeller Foundation health work in China (under which C. C. Chen was trained) can give us insights into the structural problems of western medicine that made it so difficult for Cheeloo medical school and its graduates to innovate in rural health care. Brown argues that the Rockefeller Foundation used its philanthropy and influence in China to produce "modernization," a process favourable to make countries dependent and profitable for western interests. They insisted on training elites at PUMC—medical graduates were almost always politically conservative and Brown's argument is that no one bites the hand that feeds you: "to submit to the Rockefeller health programs was to submit to Rockefeller and American cultural, political, and—underlying it all—economic domination."[110] Brown argues that training medical elites was not "primarily to meet the health needs of the population," but rather was to create a system of medicine "ideologically and culturally conducive" to China's development as a dependent partner in the industrialized, capitalist economic system.[111] While

---

[109] "College of Rural Reconstruction at Cheeloo University," ["1938-39 or later" written on document], p. 3. YDS RG 11-244-4004.

[110] E. Richard Brown, "Rockefeller Medicine in China: Professionalism and Imperialism," in Robert F. Arnove, ed., *Philanthropy and Cultural Imperialism: The Foundations at Home and Abroad* (Boston: G.K. Hall and Co., 1980), 140.

[111] Brown, "Professionalism," 136.

John B. Grant, C. C. Chen's mentor at PUMC, is mentioned in passing as a voice in the wilderness for preventive medicine, the influence of this "Medical Bolshevik"[112] and his "most brilliant student," C. C. Chen, are ignored. Moreover, Brown paints far too simple a picture lumping missionaries in as accomplices with the Rockefeller Foundation.

But Brown nevertheless points to the crux of the matter in dealing with Cheeloo's discourse and its graduates. Radical, structural changes to health delivery were needed to deal with China's rural *and* urban health problems. Conservative medical missionary instructors from rural Ontario, Pennsylvania or Sussex were not likely to introduce the kind of revolutionary changes needed. Even C. C. Chen's efforts have been criticised for largely ignoring the practitioners of Chinese medicine in his health plans. Although Cheeloo's rural health program was beginning to look promising in 1937, the medical school failed to motivate its graduates to embrace rural health. Dr. Don Faris of the United Church of Canada evaluated the accomplishments and future promise of the Cheeloo rural program in 1942, while the medical school was at Chengdu. For Faris, Cheeloo was limited by a lack of leadership:

> One of the greatest handicaps in rural work in China is the lack of leaders with adequate training and capabilities. Attempts to get along with leadership of a lower quality have been disappointing. There is need of men of sterling character and inspired spirit, men who are trained in research and have the ability to apply their knowledge. In short—supermen.[113]

An anecdote from a previous decade might give us some suggestions for the lack of inspiring leadership at Cheeloo. Henry W. Luce was the first English teacher at Cheeloo, and became one of the greatest fundraisers for Christian colleges in China before his son started the TIME-LIFE media empire that played such an important part in U.S.-Chinese relations for many decades.[114] Luce represented Cheeloo as a fundraiser in the U.S. from 1916 to 1918. As a visionary, Luce dreamed dreams of what Cheeloo could become in order to inspire people to generous giving. At a time when the annual budget of the medical college and hospital (one-third of the university) was $31,643, Luce raised $305,000 in cash and pledges. But the missions involved in Cheeloo were not thinking in the same terms Luce was, but rather of building up their local churches, hospitals and schools. All they wanted from Cheeloo was a training ground for their pastors, evangelists, physicians and teachers. Luce was rebuffed by the local university council in China for his promotional literature that claimed the University could turn out, in addition to the above church professionals, "editors, organizers, lawmakers, and moulders of thought and life—leaders in the regeneration of a great land"—the very things called for by the Correlated Program ten years later.[115] Luce was trying to inspire a greater vision among his colleagues and the students at Cheeloo, but the conservative and territorial missions were unable to grasp the broader possibilities.

---

[112] Bullock, *American Transplant*, "Chapter 6: John Grant, Medical Bolshevik," 134-161.
[113] (30 September 1942), YDS RG 11-244-4004.

This chapter has surveyed sources addressing the question of Cheeloo Medical School's special place in Chinese medical education. The official publications of Cheeloo claimed that their graduates were service focused and willing to live and work in less than ideal conditions in the small mission hospitals. Medical and educational leaders in China seemed to reinforce this perception, and even in the PRC in the post-Mao reform era, the extraordinary service attitude of Cheeloo medical graduates is singled out for commendation. A majority of these doctors did spend time working in "up-country" mission hospitals, and perhaps as many as half of them stayed in these hospitals, expending much energy to bring the medical service up to "scientific" and "modern" standards. A smaller number of graduates went on to PUMC or overseas for post-graduate training, most of whom returned to take up teaching positions at Cheeloo or in other medical schools. Some of the graduates also entered government service in the health administration.

---

[114] T. Christopher Jespersen, *American Images of China, 1931-1949*, (Stanford: Stanford University Press, 1996).

[115] Corbett, *Shantung Christian University*, 134.

The work of Cheeloo graduates in mission hospitals maintained high standards and demonstrated a significant commitment to the ideals of Cheeloo, even if it was only one year. Yet most Cheeloo graduates did not remain in mission hospital work for their whole career as the Cheeloo administration seemed to desire. In 1935, 37% of Cheeloo graduates were in private practice, and only 30% were working in mission hospitals. The numbers are not clear for 1945 after the disruption of war, when no report was heard from almost half of the graduates. Did private practice mean an end to charity and service to country? C.C. Chen seemed to think so and the unpublished documents from Cheeloo indicate frustration at not being able to overcome family and social expectations for young doctors to give up opportunities for quick remuneration. Evidence examined in chapter 3 indicates that Cheeloo medical graduates did find ways to retain aspects of the Cheeloo spirit that included high professional standards, Chinese identity and the development of Christian character.

Chapter 3

Cheeloo Graduates as Medical Professionals in War, Exile and Persecution, 1937-1980

> Cheeloo graduates have given a great contribution in helping the sick people. They want to do the actual work and they are not ambitious to be bigshots.[1]
>
> Zhang Huixian, graduate and former acting dean of medicine of Cheeloo Medical School in 1947

Cheeloo medical graduates were not supermen, yet neither could most of them be characterized by the "selfish commercialism" the school took such pains to exclude from the atmosphere at Cheeloo. Cheeloo graduate Zhang Huixuan (g. 1926) was a complex character who combined love of country with rural health work and leadership of a new generation of Cheeloo medical students and who was not afraid to critique shortcomings of the medical school. Zhang was the son of a farmer, who as a twenty-year old Cheeloo freshman marched in the May Fourth Demonstrations in 1919.[2] Although he had been teaching at Cheeloo Medical College for three years, and served as acting dean of Cheeloo Medical School in the mid-1940s, Zhang felt his rural health work in the border service was his most significant experience. Zhang claimed to have travelled more than a thousand miles by foot in Sikang, West China,[3] where he often had no food for several days at a time. His main work there was organizing health centres and anti-epidemic teams among the Lolo (Yi) minority people who lived in the mountains. Yet Zhang was also an iconoclast frustrated by Cheeloo University and the Medical School, and had recently left the teaching staff to become chief medical officer of the United Nations relief organization (CNRRA) for Henan. Zhang was passionate about the contributions of Cheeloo graduates in helping sick people, he said they "want to do the actual work and they are not ambitious to be big head," he was also discouraged by the obtuseness of the teaching staff at the medical college who "don't see what they ought to do" and who had "no definite policy" and so did not cooperate sufficiently with their graduates.[4] Zhang's self-disclosure seems to confirm the discourse of service of Cheeloo medical graduates, and his complaint confirms some of the limitations of the medical school. But it also demonstrates the distinction between missionary and Chinese medical staff made up largely of Cheeloo graduates like Zhang.

---

[1] In the original, Zhang used the word "big head" referring to the Chinese term *datou*, or perhaps *darenwu*, so I have chosen to use the more idiomatic "bigshot" here. Zhang Huixian, survey dated 6 June 1947, Yale Divinity School, United Board for Christian Colleges in China (UBCCC), RG 11-35-908 (here after YDS).

[2] *Shandong daxue Qilu yiyuanzhi, 1890-2000*, (Jinan, Shandong, 2000), 85. It is notable that although the short section on "Anti-Imperialism" mentions Zhang, no biography was included.

The professional development of Cheeloo graduates like Zhang Huixian has been ignored in most of the literature about Cheeloo, and Cheeloo graduates are not the exception among intellectuals educated before 1949. The professional education and career development trajectories of China's student population of the 1920s and 1930s has been largely ignored in the historiography, even though, despite numbering less than one hundredth of one percent of the Chinese population, they gave leadership to China in technological and educational modernization until the very recent past (1980s).[5] Cheeloo medical graduates, as members of such a small elite of scientific specialists, took pride in developing their professional skills. It was these skills that Cheeloo medical graduates offered China, not the revolutionary activity of the medically- trained Sun Zhongshan (Sun Yat-sen) a generation earlier, or the radical student activism of non-medical university contemporaries in the 1920s and 1930s. Unlike some of their peers, however, Cheeloo medical graduates, as products of the hybridity of their Christian environment and education, could combine the ideal of Christian self-sacrifice with pride in

---

[3] Zhang used the term used at that time, Sikang, which has no equivalent today, but is now part of Tibet, see *China Handbook, 1937-1945: A Comprehensive Survey of Major Developments in China in Eight Years of War*, (New York: The MacMillan Co., 1947), 1-3.

[4] Chang, Hui C. (Zhang Huixuan), survey dated 6 June 1947, YDS.

[5] Bullock, *American Transplant*, 108.

their professional scientific accomplishments that contributed to the building of a modern nation. The testimony of their career choices runs both parallel and counter to dominant discourses of nationalism. While aspects of their relationship to foreign power and the perceived cultural threat of Christianity were criticized in nationalist propaganda in almost every decade of the twentieth century, the political thaw with the West since 1979 has allowed the recognition that Chinese Christians could be driven by a desire to build a strong, modern nation through their scientific contribution to public health, medical education and clinical practice, yet their Christianity is rarely singled out as the motivation of these individuals. In the relatively free atmosphere of the late 1990s, Shandong University historian Li Dezheng praised the effects of the Cheeloo University atmosphere that fostered academic and personal rigour. The open atmosphere encouraged a liberal mixture of Christian and Confucian teaching and values and so the main goal of instilling an ambition "to serve their country" and "unflinchingly" bring about what is now called the four modernizations as "patriotic intellectuals." By imbuing students with the Christian emphasis that students should unceasingly perfect themselves, Cheeloo fostered a group of medical graduates like Zhang Huixian who used their status and skills as professionals to work for others.[6]

Yet after 1937, Cheeloo graduates found themselves in extraordinary circumstances. They were no longer dealing with the unstable, but relatively predictable situation of Republican China. The conditions of the Anti-Japanese War, the sweeping Communist changes, and the unexpected pressures of living in exile were enough to put the Cheeloo spirit of self-sacrifice to the test. In exile in North America, their Chinese language useless, the Cheeloo spirit became diluted for many to simply mean working hard in their professional duties and a camaraderie of fellow "Cheeloo-ites." In the PRC, a radical shift in political and everyday realities meant that former association with missionaries and a foreign education were more often liabilities than assets. This chapter recounts the "high professional standards" and subsequent accomplishments of Cheeloo graduates while searching accounts of their lives for hints of the spirit of self-sacrifice.

---

[6] Li, "Qilu daxue," 75.

Three groups of sources confirm the themes of professionalization and service orientation in difficult circumstances among the Cheeloo medical alumni. The first source is a file of 1947 English language surveys returned from Cheeloo University graduates like Zhang Huixian. The second group of documents are personal letters written to former dean of medicine, Canadian Ernest B. Struthers, from Cheeloo medical school graduates who were in exile from their homeland after the CCP "Liberation" of China. The third sources is a collection of twenty-two short official biographies included in *Shandong daxue Qilu yiyuanzhi (Qilu yiyuanzhi)* that allow us to observe the careers of Cheeloo medical graduates in the PRC. While these biographies tell us much of the professional accomplishments of Cheeloo medical graduates until 1956, the biographies, published in PRC, ignore the purges of intellectuals during the Anti-rightist campaign of 1956-7 and the almost complete dismantling of intellectual life during the Cultural Revolution. A short section elsewhere in the *Qilu yiyuanzhi* describes generally what happened in the Cultural Revolution, but it never discusses the individuals by name. Published sources about their colleagues from other Western medical institutions offer hints of what Cheeloo graduates might have experienced, but their own stories of persecution must wait for future research.

Post-War Surveys, 1947

The story of Cheeloo graduates, in their own words, during the dislocation and suffering of wartime reveal much of the effect that Cheeloo's atmosphere continued to have in the lives of individuals. World War Two, known as the Anti-Japanese War in China (1937-1945), led to radical changes for Cheeloo University and Medical School. Some students and Chinese faculty members fled west to Chengdu on the campus of West China Union University. Some graduates no longer directly related to Cheeloo took up academic, military and public health positions in Guizhou, Yunnan, and Sichuan, where the Japanese armies did not reach, even if their seemingly incessant aerial bombing raids did. Many students walked hundreds of kilometres together in convoys to the West,[7] sometimes maintaining some structure of class life along the way.[8] While in Chengdu, students lived without the comfortable surroundings of their Jinan campus, and had to share precious laboratories and clinical hospital time with many other medical students from eastern China.[9] Some of the foreign and Chinese medical faculty stayed on in occupied China, re-opening part of the medical school against the judgement of those in Chengdu, only to have it shut down completely after Pearl Harbour in 1941.[10] Those Chinese faculty members who remained in Jinan took as much equipment as possible and continued their healing work in Jinan Municipal Hospital until the surrender of Japan in 1945.[11]

Evacuation of the Japanese from the Cheeloo campus was only completed in February of 1946, and the university hospital only opened fully by December of 1946. In the summer of

---

[7] Lee Chen-chia (Li Chenjia), survey dated 6 June 1947.

[8] Chin Ta Hsiung (Jin Daxiong), survey dated 12 June 1947 and Chang Tsi-sheng (Zhang Zisheng), survey n.d. (1947), YDS.

[9] Corbett, *SCU*, 239.

[10] Corbett, *SCU*, 245; Yew Chia-Chun (You Jiajun), survey dated 4 June 1947. See Corbett, *Shantung Christian University*, 237-48 for further detail about the political and other struggles of Cheeloo during the war.

1947, the Chengdu Cheeloo students graduated or had moved back to the Jinan campus.[12] By August of 1948 inflation had reached such ruinous levels most students paid their fees in grain and Cheeloo graduate Zhao Changlin, who had become a professor at the medical school, said he could hardly earn a living to support his small family.[13]

In 1947, Cheeloo attempted to contact all alumni of the university and medical school by means of a survey to help raise money for the cash strapped colleges (See Appendix B for the survey questions).[14] Because of the desperate circumstances, only twenty-five Cheeloo medical graduates returned surveys.[15] Some of these were in the U.S. or England, and many of them were teachers at Cheeloo, or worked in prominent government and army positions during the war. There were somewhere between 400 and 500 graduates by 1947, so the twenty-five surveys represents only a five percent sample.[16] Under the circumstances of civil war, the sample is useful even if not representative of all graduates, some of whom might no longer be practicing medicine, or might have found their way into private practice. What these surveys demonstrate is the careers of graduates that followed the Cheeloo emphasis on service and professional excellence.

Karen Minden's interviews with WCUU medical and dental graduates revealed that "generations" of graduates were primary in categorizing the alumni of that school.[17] Yet

---

[11] Yew Chia-Chun (You Jiajun) Survey dated June 4, 1947, YDS.

[12] Corbett, *Shantung Christian University*, 252.

[13] Chao Chang-Lin (Zhao Changlin), survey dated 4 June 1947, YDS.

[14] The instructions for the survey claimed that "one of the most effective and graphic stories we in America, who are trying to get financial support for your alma mater, have to tell is the story of our alumni and the contribution they are now making in their chosen field of endeavour. You as one of these alumni, are part of that story." For more information on the propaganda issues at this time see T. Christopher Jespersen, *American Images of China*.

[15] Two of these were Biology graduates who had become professors. I have included them here because they studied under Dr. Winfield in the joint departmental program of rural public health.

[16] 363 graduates by 1937, and 59 graduates between 1937 and 1943, records not available after that. Documents among Report of School of Medicine, n.d. United Board for Christian Colleges in China, N.Y., N.Y.

[17] Minden, *Bamboo Stone*, 152.

because the small number of Cheeloo surveys examined here are limited in scope, the generations do not seem to be the most significant category of analysis for the respondents, but rather their answers to the survey questions themselves. The generations are not insignificant to this study, but it is the continuity of the Cheeloo discourse over three decades and the parallel continuity of the values of the graduates that is noteworthy. There were two individuals who completed most of their studies before the May Fourth demonstrations, eight who studied in the 1920s generation with all the anti-Christian demonstrations and pressure to register with the government, thirteen who studied in the 1930s generation while Cheeloo developed a growing emphasis on the rural program, and two graduates who spent most of their medical training in Chengdu during the war. Each generation had different experiences, attitudes towards Christianity and foreign education, yet all were influenced by the atmosphere at Cheeloo medical school demonstrated above in chapter 2.

The most important question asked what the graduates considered the most important work they had done since leaving college. Answers to this question reveal the value the graduates placed in professional accomplishments and service-oriented work. The more open-ended question about experiences during the war allowed the graduates one or more pages to display their less guarded opinions about their careers and lives during the tumult and deprivations of the war.

Wang Jiacheng (g. 1926) was the son of a farmer who won the Cheeloo Doggarts prize and went on to study one year at PUMC. Wang then spent one year in a mission hospital, and then spent fifteen years in the mining hospital in Tongshan. For Wang, it was his work in an industrial setting, what he called "welfare for the working class" that was his most important contribution. It was so important that he would not leave his patients or co-workers during the

Anti-Japanese war. In one memorable experience, trapped in a building in Tianjin during a flood, Wang and his co-workers were in charge of a refugee hospital in the building for forty days performing acts of "goodness" for the "poor refugees."[18]

Others like John Liu Guojie (g. 1937) and Sheng Xianzhi (g. 1939) also listed relief work and first aid work during the war as their most important work.[19] Liu's duties and ambition seem to be limited by his government position in charge of the distribution of American Red Cross supplies,[20] whereas Sheng was a surgeon willing to volunteer to work in the far northwest, in Lanzhou where he felt the need was greater. Sheng recalled operating day and night because of the large numbers of surgical cases during the Japanese air-raids of Chengdu. Sheng demonstrated an attitude of service and identification with the wounded when bombs were dropping, and instead of running for a safer place would stay with the bombing victims. Sheng fleshes out how self-sacrifice and empathy for patients created an almost mystical symbiotic relationship with the convalescing victims so that instead of being troubled by some loss of property as another Cheeloo graduate was, Sheng and his wife felt their patients "soothed our hearts unconsciously" and recognized that God had "blessed" them during that time. Sheng and his wife demonstrated their commitment to rebuilding China after the war by studying in the U.S., as they felt themselves "not well equipped yet to meet the great need of China."[21]

Wu Jianxun (g. 1923) worked in a mission hospital for fourteen years before applying his skills to government health work. Wu then found himself in military and government positions, eventually as an administrator and personal physician to high ranking generals, where he felt his service was in his position of trust.[22]

---

[18] Wang Chia Cheng (Wang Jiacheng), survey (n.d.), YDS.

[19] John Kuo-chieh Liu (no Chinese characters given), survey dated 14 June 1947, and Sheng Hsien-chih (Sheng Xianzhi), survey dated 5 June 1947, YDS.

[20] For more information on the work of the Red Cross, see Scott Munroe's biography of Robert McClure, *The China Years* (Markham, Ont.: Penguin, 1985) as McClure held a position that would have put him in contact with Liu.

Wang Fuyi was willing to go to great lengths of self-sacrifice and was not afraid of adventure. Wang's wartime exploits only serve to highlight his accomplishments in rural public health among minorities, and his achievement in being appointed Shandong Provincial Health Commissioner after receiving his Masters degree in Public Health from Johns Hopkins University in 1945. Perhaps this extraordinary man was rewarded with a Rockefeller Fellowship to study in the U.S. because of his bravery as a medical officer in "guerrilla forces" behind Japanese lines. For ten months in 1938 setting out from Chonqing, Wang and his comrades spied on and harried the Japanese in the Henan-Jiangsu-Shandong border area.[23] Travelling over snowy mountains, hills and grassy plains, the group of guerrillas was chased by Japanese troops for six months, and while several were injured, none were captured. Wang entered key occupied cities "under the [guise] of a merchant and a false name" only once suspected by the Japanese secret service, and even that time he still managed to get the required information in time to flee. Wang was also proud of his accomplishments in rural health among the minority people of the Xinjiang border region, and it was this work that Wang felt was his most important accomplishment.[24]

Perhaps the most accomplished of all Cheeloo medical graduates in the 1947 surveys was also the oldest. Han Limin (g. 1919) who received advanced medical degrees in public health from Cambridge University and the London School of Tropical Medicine. Han

---

[21] Sheng Hsien-chih (Sheng Xianzhi), survey dated 5 June 1947, YDS.

[22] Wu worked almost exclusively with general Zhu Zhaoliang. Wu Chien Hsün (Wu Jianxun), survey dated 8 June 1947, YDS.

[23] See Elizabeth J. Perry, *Rebels and Revolutionaries in North China, 1845-1945* (Stanford: SUP, 1980) for a discussion of how this mountainous border area sheltered bandits and rebels over many generations.

[24] Wang Fu-i (Wang Fuyi), survey dated 31 May 1947, YDS.

considered his most important work as threefold, public health teaching at Cheeloo, developing health activities in Northwest China, and maintaining the Burma Road health administration.[25] Han had also held a more prestigious and comfortable position as director of a provincial health administration, yet the importance of the job to the larger purpose of the Chinese nation seemed to be the most significant factor for him.[26]

Some of the graduates did not seem to achieve as much, but maintained steady work as surgeons and clinical physicians. For example Yin Xuezhi (g. 1928), as a second generation missionary-trained physician, listed his positions since graduation in 1928, including five years at a mission hospital, a year of post graduate study at PUMC, and then more than a decade at two hospitals that seem to have been Christian "charity" hospitals, while also contributing to Red Cross and interned missionary relief work during the Japanese occupation.[27]

Most of the respondents 1947 surveys seem to be the extraordinary Cheeloo graduates who went on to practising medical specializations like surgery or teaching. Yang Zhongda (g. 1936), like Yin, did "plenty of surgical work," and in 1947 was teaching in Jiangsu Provincial Hospital. During the war Yang did civilian medical work in three different hospitals in Jiangsu province, and was part of the CNRRA in China after 1945, along with hospital reconstruction and rehabilitation.[28] Meanwhile C. C. Guo (g. 1933) went from Cheeloo to PUMC as assistant resident and worked his way up to chief resident and attending obstetrician and gynecologist and concurrently was an instructor at PUMC, demonstrating not only his professional abilities, but also his English proficiency.[29] During and after the war, Guo moved to Shanghai to take up concurrent positions at three medical institutions, and his life was so focused on his professional work that Guo only listed "Obs. & Gyn." as his hobby.[30] Wang Weiceng (g. 1936) considered that his most important work after graduation was his special training in neuropsychiatry under a famous professor at the National Central University. Wang worked his way up from assistant in 1938, to Lecturer in 1940, to a teaching position as Visiting Neuropsychiatrist in Chongqing Central Hospital in 1943 with extensive studies in neuroanatomy, neuropathology, clinical neurology and psychiatry supporting his position.[31] Zhu Xitao (g. 1942) was an unmarried Cheeloo graduate who put a rare career in dentistry ahead of other ambitions. Receiving a scholarship from the British Council after completing his D.D.S. at WCUU in Chengdu during the war, Zhu went on to study at the Dental Hospital in Manchester, England. Like most of the Cheeloo respondents, Zhu was also involved in some refugee relief work during the war.[32]

---

[25] Again, see Munroe on Robert McClure, *The China Years*, for more about health along the Burma Road.
[26] Han Leemin (Han Limin), survey dated 4 June 1947, YDS.
[27] Yin Hsueh Chih (Yin Xuezhi), survey dated 5 June 1947, YDS.
[28] Yang Chung-tah (Yang Zhongda), survey dated 7 June 1947, YDS.
[29] PUMC was run almost completely in English. For more on PUMC's English policy, see discussion in Chapter 2 above.

Zhang Zisheng (g. 1928) was among the Cheeloo graduates teaching at Cheeloo when much of the medical school migrated to Chengdu to escape the Japanese invasion. Zhang's professional activities during the war period were numerous, for besides teaching biochemistry, physiology and pharmacology, Zhang was editor of English and Chinese language publications, principal of the students' dormitory, taught first aid courses for military training and served as secretary of the Cheeloo alumni association in addition to his research work on the thyroid gland and Vitamin B. In 1946 Zhang was also able to secure a government sponsored research scholarship to study at the Mayo Clinic in Minnesota and at

---

[30] C.C. Kuo (Guo), survey dated 22 June 1947, YDS.

[31] Wang Wei-Tsing (Wang Weiceng), survey dated 31 March 1947, YDS. From 1943 to 1945 Wang was concurrently Honorary teacher in neuropsychiatry in National Jiangsu Medical College, and National Xiangya Medical College (started by Yale Medical School graduates including Edward H. Hume. See the chapter on Hume, "Yale for China," 161-183, in Jonathan Spence, *To Change China: Western Advisors in China, 1620-1960*, (Boston: Little Brown, 1969).

Northwestern University in Chicago.[33] James Yeh Yanqing (g. 1930)spent two years studying in Liverpool to earn a Master of Surgery degree and in 1947 was concurrently an orthopaedic surgeon in Shanghai at a mission hospital and professor at St. John's University and at Shanghai Women's Medical College.[34]

Despite the institutional focus on Chinese, other Cheeloo graduates like James Yeh decided to adopt English names. The three female survey respondents are also notable in this regard. Sadie Jiang Qingfen (g. 1938) was a second generation physician whose father had studied at St. John's University and at the University of Pennsylvania in the U.S. From 1946 to 1947, the Associated Board for Christian Colleges in China located in New York City sponsored her to study at Columbia University doing surgical pathology to follow up her assistant teaching duties at Cheeloo in Chengdu during the war. Although Jiang indicated that she was married, she was likely in the U.S. for up to two years without her husband.[35] Edith Huang (g. 1938),[36] a native of Fujian, was an Episcopalian who studied with Jiang for seven years at Cheeloo. However, unlike her female classmate, Huang claimed to have sponsored herself to study at Columbia. Huang demonstrated a spirit of sacrifice by giving free service to a Maternity Hospital and the Chinese Infectious Diseases Hospital (Obs. & Gyn. Department) while being employed at St. Elizabeth's Hospital in Shanghai.[37]

Charlotte Cui Zhihua (g. 1944) was the daughter of a graduate of Columbia University's Education program, and was the youngest of all survey respondents at only 28 years old in 1947. Cui remembered how her first aid partner died and had her own foot

---

[32] Chu Hsi-tao (Zhu Xitao), survey dated 12 November 1947, YDS.
[33] Chang Tsi-sheng (Zhang Zisheng), survey, n.d. (1947), YDS.
[34] James Y. C. Yieh (Yeh Yanqing), survey dated 16 June 1947, YDS.
[35] Kiang Ching Fen (Jiang Qingfen), survey dated 28 May 1947, YDS.
[36] Huang does not give her name in Chinese characters.
[37] S. A. Hwang (Edith Huang), survey dated 27 December 1947, YDS.

fractured when the city was bombed on June 11, 1939. Among her hobbies, Charlotte Cui listed religious activism for peace and philanthropy. Moreover Cui was willing to cross "dangerous" communist occupied territory to take up a new post, and continued even when shot upon. Cui demonstrated the "sense of personal strength and social commitment" that both her middle school, St. Hilda's, and Cheeloo Medical School had attempted to imbue in their students.[38]

Jin Daxiong and his Cheeloo wife, Li Guizhen demonstrated the Cheeloo spirit through a celebration of simple living and devotion to their medical students. In 1942 Jin and Li were both professors at National Guiyang Medical College living frugally with their infant daughter in a four room shack. Compared to that, Jin's small income from the Fellowship of the American Bureau for Medical Aids to China to study at Tulane University in 1947 seemed like a "good living," yet he still missed his life in Guiyang:

> Though life was hard yet it was pleasant. It was pleasant when you had a good spirit. It was pleasant when you know what you live for. Materially, I do have a good living in this country, but while my family is not here with me I do dream of my "good old days."

Jin also focused on the extraordinary professional accomplishments of his wife and himself. Guizhou was one of the poorest provinces of China, and while his wife set up her biological laboratory, Jin built up his parasitology laboratory with and both continued their research that resulted in multiple publications, and teaching about one hundred medical students during nine years.[39] An online obituary of Jin's wife, Li Guizhen, in 1999 reports the full extent of Li's extraordinary accomplishments in Guiyang where between 1943 and 1998 she "authored or coauthored 93 papers, erected 5 new genera or subgenera and described approximately 90 new species or subspecies" of fleas in China, making an extraordinary contribution to the study of disease prevention in that area where plague was a long-standing problem.[40]

---

[38] Liu and Kelly, "St. Hilda's School for Girls," in Bays, *Christianity in China*, 241; Charlotte Chih-Hwa Ts'ui (Cui Zhihua), survey dated 4 June 1947, YDS.

[39] Chin Ta Hsiung (Jin Daxiong), survey dated 12 June 1947, YDS.

Lu Chao (Frank) had won the first prize for the science college, as a sophomore at Cheeloo, an honour he repeated the next year. After graduation, Lu Chao followed in his father's footsteps as a translator in the Council on Publication of the Chinese Medical Association, and then served as an instructor in Physiology and Pharmacology at Cheeloo in Chengdu, and for the Nurses School of the Peking Union Medical College (PUMC), while also contributing to first aid during the Japanese air-raids by in the first-aid training school of the YMCA. In August 1947, Lu Chao was making the final preparations to take up a fellowship in Cardiac Physiology at McGill University in Montreal, a short overseas study leave from which he would never return.[41]

Taken together, these surveys represent evidence that most graduates considered service to their country and people and professional development as their most important accomplishments.

Professionalism in North America: Letters in Exile, 1950-1971

By late 1949 all of China had been taken by the CCP armies, and America's continued support of the Nationalist government of Jiang Jieshi after his retreat to Taiwan and the outbreak of the Korean War in June 1950 led the PRC to cut off relations with Western countries, sending all missionaries home between May 1951 and 1953.[42] The United States Government reciprocated by freezing all financial transfers to China.[43] Cheeloo University was divided along the Soviet educational model, and Shandong Medical College absorbed Cheeloo's medical school.[44] Contact between alumni outside China and the new institution or other alumni in China became almost impossible with the new political situation, and those alumni who did not feel comfortable returning to Communist China found themselves stranded at the end of their study sessions in Canada, Europe or the U.S. without access to transcripts and degrees from Cheeloo. Other graduates staged dramatic escapes from China until as late as 1956.

---

[40] See http://www.ent.iastate.edu/fleanews/fleanews59.html, accessed 22 June 2004.

[41] Frank Chao Lu (Lu Chao), survey dated 5 August 1947, YDS.

For a large group of these "exiled" Cheeloo graduates, the primary connection to their Cheeloo medical education was the former dean of ~~Cheeloo~~ Medical School until 1948, University of Toronto Medical School graduate Ernest B. Struthers. A much loved teacher and leader of the Public Health Program just before and during the war years, Struthers went to Canada on furlough in 1949, and so became the great hope of these Cheeloo exiles spread from Hong Kong to Arizona to Winnipeg to Rome. Dr. Struthers' correspondence reveals his commitment to help each Cheeloo graduate get proper recognition for the training they did in Jinan, because most graduates did not have their diplomas or transcripts with them. Much of the emphasis of this section is necessarily focused on the professional development of the former Cheeloo students as they had little energy or time to do anything but keep their careers afloat in the face of their precarious positions in a new society. The Cheeloo spirit of service and self-sacrifice was always placed within the context of serving China, and overseas study programs funded by various organizations always stipulated that Chinese doctors must have a position in China to return to at the end of their study period to discourage emigration. And although hard-earned English abilities enabled these Cheeloo medical graduates to study overseas in the first place, they had been trained primarily in Chinese in order to serve their own people. If this is kept in mind, one senses deep disappointment among some of Struthers' Cheeloo correspondents the longer they stayed outside China, away from family and friends they had only meant to leave for a matter of months. While overwhelming despair caused one Cheeloo graduate to commit suicide, most threw themselves completely into their work, and in the process they exceeded the expectations in the Canadian, American, British or European medical systems. Perhaps these "exiled" Cheeloo graduates felt that by fulfilling the "high professional standards" benchmark of the Cheeloo discourse, they could compensate for being divorced from the kind of self-sacrificial work they had been trained to do in their country.

---

[42] Most Westerners departed by the middle of 1951, being convicted that their presence was an "embarrassment" to their Chinese Christian colleagues, yet one missionary, Margaret Eldridge, a pharmaceutical chemist stayed on until the end of her appointed term in 1953 by marrying a German resident of Jinan, Emil Kiesow. Corbett, *Shantung Christian University*, 265.

[43] Corbett, *Shantung Christian University*, 264.

Each graduate's manner of leaving "Red China" was very different. Some were in the middle of advanced studies or internships outside China when the People's Republic of China was declared by Mao Zedong in 1949. For those Cheeloo alumni who had ties with Jiang Jieshi's Nationalist government, returning to China did not seem like a viable option. Nationalist China for some twenty years had been inundated with anti-Communist propaganda, so even when the new government appealed to Chinese scholars abroad to return to China, only two hundred or so returned, according to a recent history.[45] One Cheeloo

---

[44] Corbett, *Shantung Christain University*, 265. See also discussion of the transition period in Peng Deng, *Private Education in Modern China*, 94-100.

[45] Peng Deng, *Private Education in Modern China*, 93. For a notable example of a missionary-trained doctor who returned to China, and was selected as Mao Zedong's personal doctor until his death, see Li Zhisui, *The Private Life of Chairman Mao.* (New York: Random House, 1994). Li was trained at West China Union University School of Medicine and is one of Karen Minden's medical graduate survey respondents in *Bamboo Stone*, 135.

alumnus in the U.S. was longing for home and asked Struthers, "do you think it is advisable [to return to China]?"[46] Most Cheeloo graduates did not even consider the option of returning, however, for as one graduate in America said, "Unless the condition in China will be radically changed, I do not intend to return to China."[47] Fear of persecution was strong. Cheeloo graduates wanted to return to their homes in China, but only once "the Reds [were] gone for ever."[48] One of those who had stayed in China after the Communist takeover said s/he left Fuzhou after his/her father was killed.[49] Another graduate, Betty Jean (Yik Yue Woo)[50] whose father was a retired Chinese Nationalist general, was desperate for help to stay in the U.S. lest she and her husband "may have to go back to Chin[a] and endure the Red Torture and live with the constant fear of persecution!" Betty Jean had heard from Cheeloo friends in China who told of "pathetic suicides" and "imprisonments" of some of their former teachers who had not left China. Some graduates of Cheeloo felt they could find a place in the newly reorganized China, and their stories will be recounted below, but others like Rose K. Wang (Kuan Ts'ui Ku'ei) and her husband saw no place for themselves under the Communist government. After spending two years working as an assistant in the Pathology and then Obstetrics and Gynecology Department of Cheeloo in Chengdu, Wang went to work for two years in the province of Xinjiang until 1949, when Wang, her husband and their infant daughter made a dramatic escape to India over the Pamir Mountains. Travelling three months over deserts and mountains in the cold winter, for one month by horse, and then walking with their fifteen month old toddler, "without proper food" they had a difficult time, but still retained their faith, thanking "the dear Lord, who saved us from death."[51]

---

[46] Wen Hsianglai to Ernest B. Struthers, 4 July 1950, Struthers Papers, United Church Archives, Victoria College, University of Toronto (SP-UCA).

[47] Chao-Jen Chen to Ernest B. Struthers, 6 February 1951, SP-UCA.

[48] Betty Jean (Yik Yue Woo) to Ernest B. Struthers, 31 March 1953, SP-UCA.

[49] There is no indication on the letter whether Yue is a male or female Cheeloo graduate. M. Y. Yue to Ernest B. Struthers, 15 February 1951, SP-UCA.

[50] Most graduates writing letters to Struthers used only English names, and so I would only be guessing if I were to transliterate names to Pinyin spelling.

James and Mary Lo were Cheeloo 1945 graduates who moved with their military medical jobs to Taiwan in 1948. Food shortages in Taiwan were severe, and the Los desired to return to China, but were unable to go home when both became sick with dangerous fevers. Their situation worsened to the point where they had no milk powder for their four-month-old daughter and James Lo's fever reached 104° F, with no nutrition except 20 cc of a five percent glucose solution. After convalescing, the Los did save enough money for Mary to apply to a hospital in Baltimore by going into private practice, where she worked alone while James and their three children remained in Taiwan for three and a half years until the family was reunited in the U.S.[52]

Not all the news from China in the first years of the People's Republic seemed bad for Cheeloo, and in some instances it seemed like the business of teaching medical students was to proceed normally. A former professor, Dr. Chen Wen-Tsin, moved to Peking University, while the dean of Cheeloo Medical College was reported to have gone to Beijing for a meeting of the Chinese Public Medical Association to decide if Cheeloo should shorten its course to five years from seven, and two new chief head nurses had arrived.[53] Frank Lu Chao wrote from McGill University in Montreal that his father, another graduate of Cheeloo,[54] had left Chengdu in July of 1950 for a position as editor in the Ministry of Health Administration with a salary of 1100 catties of rice per month that seemed "fair" to his son.[55] In 1951, news from Cheeloo was that all the foreign professors were leaving in the next term, and an increasingly frigid political situation was mirrored in the -20°C weather; it was getting "very cold at Jinan."[56] This was the last letter Struthers received from China, and the isolation of Cheeloo people in the PRC from those outside became complete.

---

[51] Rose K. Wang (Kuan Ts'ui Ku'ei) to Ernest B. Struthers, 25 November 1952, SP-UCA. Xinjiang has been a place for criminal and political exiles since the Qing dynasty precisely because it was extremely difficult to survive if one attempted to escape.

[52] James and Mary Lo to Ernest B. Struthers, 31 March 1971, SP-UCA.

[53] Paul (no other name given, likely Paul Teng of later correspondence, 1971) to Ernest B. Struthers, 13 August 1950, Rose K. Wang (Kuan Ts'ui Ku'ei) to Ernest B. Struthers, 25 November 1952, SP-UCA.

While free from any "persecutions" of the Communists, those Cheeloo alumni in exile did not find life easy. As one of them said, "It is a hard luck for some one to lose his mother school, but we still have to live with it."[57] By 1952, Rose Wang and her husband had found their way to a New Jersey suburb of New York City, and were in contact with a growing community of Cheeloo graduates there. Yet Rose Wang was desperate for a recommendation letter from Struthers, "which would be very precious and valuable" in her ongoing applications for a medical residency.[58] Betty and her husband Bill Wei-liang were fortunate to have help from a U.S. Senator in gaining a two year respite before they would be deported, but even so could not get permanent residency.[59]

Another graduate of Cheeloo, Betty Jean Woo, had been born in Macau, and so could not become a displaced Chinese person in the U.S., so although most Chinese students were having trouble.with Immigration Service, Woo felt that her case had become particularly "serious."[60] Hau Leilin was working with an international organization in Hong Kong in 1948,

---

[54] Likely Lu Dexing, a translator for the Medical Board, and the only Cheeloo graduate at that time with the same family name (xing) as Frank Lu Chao in *The Chinese Medical Directory, 1932* (Shanghai, Chinese Medical Association, 1932), 140.

[55] Frank C. Lu to Ernest B. Struthers, 21 August 1950, Rose K. Wang (Kuan Ts'ui Ku'ei) to Ernest B. Struthers, 25 November 1952, SP-UCA.

[56] Lily Hsü to Ernest B. Struthers, 13 January 1951, SP-UCA.

[57] Shih Chieh Chao to Ernest B. Struthers, 11 June 1953, SP-UCA.

[58] Rose K. Wang (Kuan Ts'ui Ku'ei) to Ernest B. Struthers, 25 November 1952, SP-UCA.

[59] Bill (Wei-liang) and Betty to Ernest B. Struthers, 7 March 1953, SP-UCA. (No surname given)

[60] Betty Jean (Yik Yue Woo) to Ernest B. Struthers, 31 March 1953, SP-UCA.

and was then transferred to the Philippines, and finally to Germany in 1950. But Hau, who had a wife and two small children with him, was one month from being terminated from his job in Germany when he finally got Struthers' address in April 1951. He could not return to China because of his political connections so Hau was "stuck" and was desperate enough to ask Struthers for a position without financial compensation, as long as he could be sponsored by Struthers to enter Canada.[61] A similar situation faced many of those in the U.S. who were "not allowed to go back to China and not to leave the States until further order," and who could only plead for a letter from Struthers with nothing to offer in return except a promise to "do my utmost to elevate myself and to be worthy of your help."[62]

Graduates needed recommendation letters from their former dean that could attest to their college work, their medical school record, their moral and ethical character, and their internship and practice.[63] Although highly recognized in pre-1949 China, Cheeloo was virtually unknown in the U.S. and Canada, and graduates were turned down because the medical examination boards in the West did not have any information about Cheeloo. As one Cheeloo alumni said, the situation was "frustrating and disappointing."[64]

Despite the help that Struthers gave them, many Cheeloo graduates were forced to moved from one short term position to another, usually as substitutes for doctors who needed a six month or one year holiday from busy hospital positions. Because of their lack of official status as citizens without a country and doctors without credentials, many of them ended up in these less desirable short-term positions. One graduate who listed his work experience in 1953 demonstrates the lack of permanency most of his fellow Cheeloo alumni also felt:

---

[61] Hau, Leilin to Ernest B. Struthers, 4 April, 20 May 1951, SP-UCA.
[62] Ching Yuen Tseng to Ernest B. Struthers, 10 November 1951, 7, 23 March 1953, SP-UCA.
[63] Wen Hsianglai to Ernest B. Struthers, 13 September 1950, SP-UCA.

> Perhaps it may become handy if I list my past experiences since I completed my year of interneship at Chealoo (sic) in June 1944.
>
> 1 ½ years as a Medical Officer in the Dutch Army in New Guinea
> 1 year as an instructor in Bacteriology at St. Norbert College, West De Pere, Wisconsin.
> 6 months as a resident in Pathology at City Hospital, Quincy, Massachusetts.
> 2 ½ years as a resident in general radiology at City Hospital, Quincy, Massachusetts.
> 1 year as a resident in Cancer Radiology, at Cancer Division, State Sanatorium, Westfield, Massachusetts, under Dr. John W. Turner.
> 1 year as an assistant physician in Pulm Radiology at Norfolk County Hospital, Braintree, Massachusetts.
> Presently I am a research associate in Radiology at Wayne University Medical School [Detroit, Michigan].[65]

(At the time of the letter, Tan was trying to move to Canada).

Many graduates seemed to end up in tuberculosis sanatoriums. It is unclear why they took these positions, whether because of professional interest, or because of a continuing expression of the "Cheeloo spirit." But with the negative stigma of tuberculosis disappearing in the post-war period as quickly as new cures and inoculations were accumulating, it seems likely that Cheeloo alumni accepted these positions based on need or interest.[66] For example, in 1951 Moe Wan Pang had accepted a position at The Mountain Sanatorium in Hamilton, Ontario for less than six months, and despite the kindness of the people there, was seeking for an opportunity to write the exam for licensure in any of five other provinces.[67] "Would you advise us to leave the present post and to go to Saskatchewan?" he asked Struthers.[68]

---

[64] S.S. Kwan to Ernest B. Struthers, 27 June 1952, SP-UCA.

[65] Kim H. Tan to Ernest B. Struthers, 9 March 1953, SP-UCA.

[66] For more on what seemed to be the end of the tuberculosis era in Canada, see C. Stuart Houston, *R.G. Ferguson: Crusader Against Tuberculosis.* (Toronto: Hannah/Dundurn Press, 1991); for more on the social stigma of TB and how it affected patients and doctors see Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society.* (New Brunswick, NJ: Rutgers University Press, 1995) and Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: The Johns Hopkins University Press, 1995). Bridie J. Andrews suggests that treatment of tuberculosis in China had a significant part in disseminating germ theory, "Tuberculosis and the assimilation of Germ Theory in China, 1895-1937," *Journal of the History of Medicine and Allied Sciences* 52, no. 1, (1997): 114-157.

[67] Hints of the conditions of this sanatorium are glimpsed in a recent newspaper column that tells the story of how from 1950 to 1969 "the Mountain Sanatorium outside Hamilton became the world's largest Inuit community," as armed RCMP officers and medical personnel abducted Innu people suspected of carrying

By the beginning of the 1960s, however, many Cheeloo graduates outside of China had managed to find long-term employment, either by passing state medical or provincial exams that qualified them to practise privately, or by direct recommendation from Struthers. Zhang Yaode got long-term employment at the U.S. Department of Health, Education and Welfare because of Struthers' "efforts in establishing the authenticity" of Zhang's medical qualifications; if it had not been for Struthers' kindness, Zhang "would have been in an anomalous and unfortunate position."[69] Perhaps this was at least partly because Yanjing, Nanjing and St. John's Universities had well-developed alumni networks in the U.S. and seemed to monopolize the emphasis of the New York-based United Board for Christian Colleges in China, and Cheeloo graduates were poorly represented at publicity functions.[70] It was little wonder, considering that most Cheeloo graduates were struggling just to keep up with work schedules and planning their next internship to stay ahead of the immigration officials. Once professionally established, some Cheeloo graduates suggested restoring Cheeloo Medical School in Taiwan, for if "Cheeloo could be restored or reborn on a missionary basis to bring people through to Christ through the medical school, then it will be a good thing."[71] Those with the opportunity to do so worked hard in their positions so that "people won't say that the graduates of missionary colleges in China are not good."[72]

Lu Chao (Frank), the second generation Cheeloo graduate and medical translator who was stranded in Montreal, seemed driven beyond any of his Cheeloo peers. When the

---

tuberculosis and deposited them in sanitoriums in Edmonton and Hamilton. Graeme Smith, "Ships passage opens old wounds for Inuit," *Globe and Mail*, 10 September 2004, sec. A, 1, 8.

[68] Moe Wan Pang to Ernest B. Struthers, 14 May, 5 June 1951, SP-UCA.

[69] E.M. Davidson, Assistant Registrar, University of Toronto to Ernest B. Struthers, 3 June 1963, SP-UCA. Zhang's biography in his 1992 article in the *Zhonghua yishi zazhi* indicates that he worked for the U.S. agency for 38 years; see Zhang, "Guomin zhengfu shiqi zhongguo yiyaoweisheng gaikuang," 157.

[70] Boardman Cheng Wang to Ernest B. Struthers, 5 May 1954, SP-UCA.

[71] Luke Sheng to Ernest B. Struthers, 24 September 1970, SP-UCA.

Nationalist China he knew fell to the Communists, he turned his medical fellowship in Canada into a position as Fellow of the National Research Council of Canada at McGill University, in the Department of Pharmacology. After three years in Canada, Lu had two papers published, two others in the course of publication (including one in a French language journal), and three others that had been completed and were in the hands of the chairman of the department for final checking before publication. Moreover, Lu had experimental data for three more papers to write in the coming fall, all to do with coronary circulation. Not one to sit on his laurels, Lu was ready to start "on some more fundamental problems, like the mode of drugs." In 1950, Lu still expected to return to China with records of his accomplishments in Canada to demonstrate the high quality of missionary college graduates,[73] but in 1965 he was still in the West working in Geneva with the World Health Organization food and drug control commission.[74]

Not all Cheeloo graduates were drawn toward a career in academia and public service, however. Two Cheeloo couples who were regular correspondents with Struthers, Timothy and Esther Liang, and Boardman Cheng Wang and his wife Mary Hung Dah-Gin, all settled in New York and saw private practice as the way to stability in exile. Timothy and Esther Liang obtained American citizenship by 1951, and Timothy opened a successful private practice in New York's Chinatown, while Esther requested a recommendation letter to apply for advanced studies to fulfill her dream: "For years I have been longing to get myself absorbed in learning and doing good work." It seems likely that the Liangs had financial resources in place and well-placed connections in Taiwan and the U.S., for with a house in New York City by

---

[72] Frank C. Lu (Lu Chao) to Ernest B. Struthers, 21 August 1950, SP-UCA.
[73] Frank C. Lu (Lu Chao) to Ernest B. Struthers, 21 August 1950, SP-UCA.
[74] Yi-Mei and George Wang to Ernest B. Struthers, 29 April 1965, SP-UCA.

1951, the Liangs did not have the struggles of most Cheeloo graduates in North America throughout the 1950s, and could already plan sight-seeing trips to Europe.[75]

One of their friends who visited when in New York, Luan Ji-lien, established himself in private practice in Rome. Luan managed to pass all necessary exams in Italian, all while working to support his family. By 1967, Luan had a prestigious private practice with most of his patients coming from the Canadian and other embassies nearby, and Luan was experimenting with Chinese acupuncture for backaches and muscular pain and even gave public lectures on the topic.[76]

Boardman Wang was the chief resident in surgery at the University Hospital in Chengdu in 1946 (when his wife Mary graduated) before they left China for the U.S. Like so many of his peers, Wang felt that as "it is impossible for me to go back to China and I do not know when the way will be open for me to go back" his best option was to take the New York State license examination. Yet this path seemed blocked by the Board of Medical Examiners' "discrimination" against Chinese physicians. Wang eventually passed the exam, setting up a successful private practice in New York City. Wang was not satisfied with his limited practice, however, and by 1966 he asked Struthers for another recommendation letter to enable him to write the New Jersey exam, for it "would be very useful for me to have this even though I do not intend to move to that state." Unsuccessful in 1966, three years later, Wang wrote again asking Struthers for signatures for New Jersey and Florida recommendation letters. By 1971,

---

[75] Esther and Timothy Liang to Ernest B. Struthers, 2 June 1951, SP-UCA.
[76] Luan Ji[s?] lien to Ernest B. Struthers, Christmas 1967, SP-UCA.

Wang felt that New York City was going "downhill" and asked for help to add Arizona and Texas to the list of states in which he could practise.[77]

Private practice was a good move professionally, but it seemed to affect the service attitude of the Cheeloo graduates. In 1956 Ernest Struthers needed help in his United Nations-sponsored work in Korea, and he offered a position to Boardman Cheng Wang whom he had done so much to help settle into American practice. Although the logic of the appeal still made sense to the former student trained to "service and self-sacrifice," yet Wang was not willing to leave his practice:

> I appreciate very much your kind invitation for me to come to Korea. Personally, I would like to come because I probably can be more useful in Korea than in the United States. However, with a family with two small children it would be very difficult if not impossible for us to move to Korea at the present time. After careful consideration and praying I should like to write to tell you that I cannot accept your kind invitation now.[78]

Wang passed on to Struthers news of the accomplishments of other Cheeloo graduates in the U.S. like William Yu who was an instructor in Pediatrics in the State University of New York and researcher in Hematology, Paul Teng who had passed the California Licensure Examination and could move from Hong Kong ("forced into private practice and now, I like it much better than academic medicine"[79]), Dr. Lu who was working at Coney Island Hospital, Dr. Hui who had passed the Licensure Examination for New Jersey, and Dr. Chi who was "still doing research in ophthalmology."

Other graduates were driven to build their careers and families, but Dr. Helen Hsiang Hsui Chi was driven by forces that were hard for her Cheeloo friends to explain. She had been struggling with cancer, had had a mastectomy, and had pain in her bones. She was "well liked, was successful in her work"—she had passed both the difficult New York State Board and Special Board in ophthalmology examinations.[80] But in the spring of 1968 this Cheeloo graduate committed suicide in her lonely apartment in New York City. One Cheeloo friend opined, "the Cheeloo brigade is getting smaller gradually in this part of the world," and could not understand the motivation of Chi.[81] Helen Chi's only female classmate, Rosemary You, had ideas about what had driven Chi to this end. Chi was well liked, but "minded her own business," a situation that could not help but lead Chi to "sink with the weight" of her own problems. Rosemary You remembered talking with her many times, trying to discuss the death of Chi's "dear friend" Emma Yang, but instead of sharing her thoughts, Chi was "deadly silent" and all her thoughts were "locked up in that fragile mind of hers and the mind broke down with its awful contents." Rosemary was perhaps the most devout Christian among the Cheeloo graduates, and described Helen Chi as "ignorant of the life Jesus Christ manifests and the gospel we still propagate," but Rosemary believed that hope was greater than despair, for in the mystery of Christ, someone suffering and without faith had a right to take their own life. Rosemary quoted scripture to support her belief: "Behold, I show you a mystery. We shall not all sleep, but we shall be changed … the trumpet shall sound, and the dead shall be raised incorruptible, and we shall be saved."[82] Chi left behind family in China with whom she had no contact, but left all of her carefully saved money in the form of stocks, bonds and cash to Cheeloo University. Lawyers told Chi's friend, Cheeloo graduate Lu Chin, that no money could be sent to China, only purchased goods, but Lu was afraid to write even to China to address the bequest, for "if they know my address, the Communists will bother me for this action."[83] Lu Chin had reason to fear the Communists, for she had escaped China in 1951, demonstrating "a good deal of tenacity of purpose."[84]

---

[77] Boardman Cheng Wang to Ernest B. Struthers, 22 September 1952, 31 May 1953, 22 January 1966, 20 December 1969, 11 June 1971, SP-UCA.

[78] Boardman C. Wang to Ernest B. Struthers, 30 June 1956, SP-UCA.

[79] Paul Teng to Ernest B. Struthers, 15 March 1971, SP-UCA.

---

[80] Irene Y.Y. Lin to Ernest B. Struthers, 15 December 1968, Rosemary You to Ernest B. Struthers, 20 May 1968, SP-UCA.

[81] Lin Yu-ying to Ernest B. Struthers, n.d. (1968), 8 May 1968, SP-UCA.

Lu Chin's efforts to settle Chi's estate were not her first recorded act of self-sacrifice. Struthers once remembered how in 1943 he asked students to donate money to a fund for needy students. Lu approached Struthers after the meeting with "a handsome donation" despite her own financial needs and sickness, and she was the only one who contributed.[85] Other graduates who escaped China after 1949 also demonstrated a similar self-sacrificial spirit. When the CCP armies had Jinan surrounded in 1948 and Struthers and more than 67 staff and students were airlifted to Qingdao bound for Fuzhou, Drs. Yang and Kao were asked to remain behind "to help keep up the work of the hospital," despite their desire leave.[86] By 1951 Kao had escaped but another Cheeloo graduate, Julia Shih-fan Yü, wanted back in to China "to serve as a teacher on the staff of one of the mission medical colleges." But instead of repatriating, Yü likely remained in the U.S. fulfilling her plan B, which was "contribut[ing] my time to research work."[87] If she did manage to return to China, she might have lived to regret it.

On May 16, 1966 the Central Committee of the Chinese Communist Party issued a circular that launched the Cultural Revolution in China, and hints of the horrors of the violence and anarchy of Red Guard factions began to make their way through Hong Kong into the letters of Cheeloo medical graduates. It was not until after the death of Chairman Mao

---

[82] Rosemary You to Ernest B. Struthers, 20 May 1968, SP-UCA.
[83] Chin Lu to Ernest B. Struthers, 8 May 1968, SP-UCA.
[84] Ernest B. Struthers to Dr. D.N. Forman, 19 July 1951, SP-UCA.
[85] Ernest B. Struthers to Dr. D.N. Forman, 19 July 1951, SP-UCA.
[86] Ernest B. Struthers to Dr. B.A. Garside, 19 July 1951, SP-UCA.
[87] Julia Shih-fan Yü to Ernest B. Struther, 30 November 1951, SP-UCA.

in 1976 and the official declaration that the Cultural Revolution was an error on the road to socialism that the world would know that nine of the best-trained and most competent senior faculty of Cheeloo Medical School died, whether by suicide or murder.[88]

Reports of the remnants of Cheeloo had been ambiguous after 1953. In 1963 Dr. Hou Pao Chang (g. 1920), a former Cheeloo professor and dean, was named dean of PUMC in Beijing, a distinguished honour.[89] Sheila Kwok was a Cheeloo graduate of 1956 who escaped China through Hong Kong and married an American citizen. She could give a good word about Cheeloo alumnus and current professor Zhao Changlin who was "limp in one leg, still a good professor in Surgery," and Yu Pei Leung, who was a teacher in Pathology.[90] Lin Yu-Ying still got news from her family in China mainland, but the letters disclosed nothing: "they did not say much about anything, anyway."[91] Timothy Liang dared not write to anyone in mainland China "for it might cause friends there a great deal of trouble."[92] James and Mary Lo had somehow heard news of family suffering in China:

> I have not heard from my home since we left China. There is no way to get any message anywhere. The last thing I learned was that one of my brother[s] was killed by the communist[s] and [they were] looking for my nephew for the same reason. I dare not write home at all.[93]

The Cultural Revolution also threatened Hong Kong. Wen Hsiang-Lei wanted to leave Hong Kong for Canada because of the bombs that exploded every night in the streets of the city, with the threat of invasion at the borders.[94] Edward H. S. Chia had failed in his attempts to stay in the U.S. in 1950, and in 1967 he wanted to get his family to Canada where the food supply would not be threatened as it was in Hong Kong. Chia called it "a war of nerve and terror" with bombs, killings and irregular food supply from Guangzhou. By the end of September another Cheeloo graduate was willing to give up his career as the first neurosurgeon in Hong Kong with "still expanding" clinics at two hospitals and a private practise, because bombs were still going off in the streets.[95]

---

[88] Anne F. Thurston *Enemies of the People*, 133.
[89] Wei Liang Yu to Ernest B. Struthers, 15 May 1963, SP-UCA.
[90] Sheila Kwok to Ernest B. Struthers, 18 October 1967, SP-UCA.
[91] Lin Yu-ying to Ernest B. Struthers, 12 December 1967, SP-UCA.
[92] Timothy C. H. Liang to Ernest B. Struthers, 9 October 1970, SP-UCA.
[93] James and Mary Lo to Ernest B. Struthers, 31 March 1971, SP-UCA.
[94] Wen Hsiang-Lei to Ernest B. Struthers, 14 August 1967, SP-UCA.

Although life was not easy, most Cheeloo exiles seemed to find a way to continue their professions outside of China and, by 1971, attain a comfortable existence. But having lost their ability to serve in their home country seems to have disoriented the Cheeloo graduates as English replaced Chinese as the language of their profession. Those who managed difficult escapes from China after 1949 had made a clear decision to leave China, but the others who were simply stranded when the Nationalists lost the civil war had only their precarious careers to cling to in a new world. In these difficult circumstances many Cheeloo graduates, like their colleagues who stayed in China, buried themselves in their work, drawing primarily from their identity as medical professionals and sometimes making extraordinary contributions to medical research and practice.

Life in the PRC: Professional Achievements and the "Lost Years", 1949-1980

The Struthers letters give only very fragmentary information about Cheeloo graduates under the PRC—the fleeting rumours of relocations, persecution, suicides or murder. In her oral history of intellectuals in the Cultural Revolution, Anne F. Thurston claims that no less than nine of Cheeloo Medical School's "best-trained and most competent senior faculty died," while one-third of their colleagues at the formerly Yale affiliated Hunan Medical College committed suicide.[96] While the full story of those Cheeloo medical graduates who suffered or died during political movements of the Maoist era (1949-1976) is hidden in archival holdings and the memories of those still alive in Shandong, some of that story can be constructed from the recent publication on the history of Cheeloo Hospital, *Shandong daxue Qilu yiyuanzhi*, which includes short biographies of important doctors and administrators of the hospital and medical school during the fifty years following Liberation.

---

[95] H. Wen to Ernest B. Struthers, 26 September 1967, SP-UCA.

Two of those surveyed in 1947 by the United Board for Christian Colleges in China were included in the *Qilu yiyuanzhi*, Zhao Changlin and You Jiajun. Eight other pre-1949 Cheeloo medical graduates were described, however, including two women. Twelve others who started their seven year medical studies in the late 1940s, and did not finish until after 1949 are also included. The biographies focus almost exclusively on professional accomplishments and most accounts end in 1956 or 1957, even when the individuals lived until 1979 or 1980. The gaps of up to twenty years, and small details in the biographies combined with other published records speak for the suffering of "the lost years."

Of the official biographies of the *Qilu yiyuanzhi*, that of Zhao Changlin (1905-1980, g. 1930) best captures the continuity of the Cheeloo spirit. According to his biography, "he was the first professor at this hospital to attract graduate students, his medical skill was exquisite, his medical ethics were noble, and he nurtured talented orthopaedic professionals, making a great contribution to his country."[97] Zhao completed post-graduate studies at PUMC. In 1937 he began teaching surgery, and stayed in Jinan during the Anti-Japanese war, moving with his colleagues from Cheeloo to Jinan Municipal Hospital when the Japanese moved into the campus. From 1947 to 1948 Zhao studied at New York Presbyterian Orthopaedic Hospital, and returned to take up leadership and a teaching position at Cheeloo Medical School and Hospital. By 1953 Zhao was the head of Shandong Hospital, and had joined politics as a member of the Democratic League, an alternative democratic party enshrined in the PRC constitution, becaming a Jinan People's Representative in the first, second and third Shandong government and the fourth time in 1956, Zhao was also on the health committee. Zhao's professional accomplishments as a surgeon were unparalleled, according to his biography, as he engaged in eye surgery and research, while his expertise in podiatric surgery earned him the reputation that eulogized him as "The Master of Orthopaedics and Podiatry." He started a bi-monthly journal on knees and joints in 1950, and prepared numerous textbooks and scholarly articles. Zhao was also commended for his friendliness, his ability to speak "with humour and wit," and his personal attention to small details, even when head of the hospital when he would "often personally write letters and make visits." He was known for his work ethic and was described as "sincere and honest."[98]

---

[96] *Enemies of the People*, 133. Thurston offers no reference for her work, so one must assume that she heard this anecdotally from those she interviewed.

[97] *Qilu yiyuanzhi*, 716.

Six of the twenty-one Cheeloo graduates with biographies in the *Qilu yiyuanzhi* joined the Democratic League between 1949 and 1956, hoping to have a say in the direction of the country. The leaders of the democratic parties became the targets of the "Anti-rightist" campaign, and one can imagine Zhao Changlin, member of the Democratic League since 1953, lame in one leg, being forced to make a speech in Jinan that mirrored that of Luo Longqi the leader of his party:

> With contrition, I own that I have failed to live up to the expectations of Chairman Mao, the leadership of the Party, and the scores of thousands of [Democratic] League members … I want to transform myself radically … the whole nation is demanding stern punishment for me, a rightist … I hate my wickedness. I want to kill the old and

---

[98] *Qilu yiyuanzhi*, 711.

> reactionary self so that he will not return to life . . . The great Chinese Communist Party once saved me, it saved me once more today.[99]

While nuclear scientists and some other high level researchers were protected by Mao in the interests of national security, some medical professionals were punished for speaking their minds with exile to the countryside, or, if lucky, retraining in the methods of Chinese medicine.

You Jiajun (1898-1969, g. 1926) and his professional and service record showed a similar continuity with the discourse of Cheeloo Medical School. You studied overseas at Vienna University's Dermatological Hospital (1932-33), and returned to China to take up the position of Head of the Jinan Leper Hospital, supported largely by Cheeloo and her sponsors. During the Anti-Japanese War, You Jiajun and Zhao Changlin together led Chinese and foreign doctors and hospital workmen to set up the Jinan Municipal Hospital, moving "considerable amounts of instruments, furniture, medicine" after "repeated negotiations" with the Japanese military.[100] In 1947, You was appointed an assistant in Columbia University's Vanderbilt Clinic, and in the same year attended the Fifth International Leprosy Conference in Havana, Cuba. His biographer claims that You developed new treatments for leprosy that replaced expensive pharmaceuticals by using the ammonium sulphide extracted from urine and oxygen treatments learned through cooperation with the head of the provincial Chinese medicine hospital. You also composed many important books, and participated actively in politics in various commissions and a worker's representative congress. You's career seems to have stopped after 1956. You's biographer comments on his attention to his professional work, but not on his moral character, as did Zhao's: "That he studied abroad twice demonstrates diligence and hard work, studied hard to obtain knowledge with detailed notes and designs."[101] You, as the son of a merchant and someone trained in Western medicine, would have had a bad class background in revolutionary China, and his political involvement probably only served to ensure his fate. It is possible that You was one of the nine Cheeloo faculty who died of unnatural causes in the Cultural Revolution. He was not a young man when he died at age 71, yet the silence of his biography after 1956 until his death in 1969 seems to point to this conclusion.

---

[99] Chang Po-chün, "I Bow My Head and Admit My Guilt Before the People," statement presented to the National People's Congress on July 15, 1957. Translated in Bowie and Fairbank, *Communist China.* (Cambridge: HUP, 1962), 337-341, and quoted in Maurice Meisner, *Mao's China and After: A History of the People's Republic.* Rev. ed., (New York: The Free Press, 1986), 194.

The *Qilu yiyuanzhi* contains a brief description of the course of the Cultural Revolution at the campus of Cheeloo Medical School in Jinan.[102] In late June, a movement against academic authorities began, with 3697 big character posters put up around the hospital with 182 names named. On August 19, a day after Mao's famous address to the "Red Guards" in Tiananmen Square in Beijing, a crowd of 150,000 gathered in Jinan to march and celebrate the Cultural Revolution. The hospital organized the masses into Red Guards and the preparation committee tried to lead the progress of the movement, but by August 29 it was already difficult to control. By October the preparation committee and the Mass Organization competed to control the direction and the effects of the new "Criticize the capitalist roaders" movement that sought to flush out the "Ox ghosts and Snake spirits" and get rid of the "Four Olds." In November the medical and nursing students entered the medical school arguing vehemently to take part in the movement and order in the hospital was thrown into confusion, and by December of 1966 the hospital was in a state of paralysis. In 1967 experts were labelled

---

[100] Yew Chia-Chun (You Jianjun) survey dated 4 June 1947, YDS.
[101] *Qilu yiyuanzhi*, 715-716.
[102] *Qilu yiyuanzhi*, 98.

as rightists and bad elements and received supervision, labour reform, or waited for criticism. Before long Shandong workers and Mao Zedong Thought propaganda teams from the People's Liberation Army moved into the hospital brandishing slogans to "criticize" and "struggle." By 1968 all other political parties ceased being able to operate in any form, and intellectuals were excluded from public life and attacked. Doctors and nurses were reduced to the same level and were absolutely equal. They took turns to be on duty and to do surgery, while doctors were forced to give injections and give out medicine while nurses did medical treatment. Students could not return to their classes, clinical study was forced to stop and scientific research was at a standstill.[103] More movements continued after 1970 and although things did not return to normal, at least the situation became more predictable once tens of thousands of former Red Guards had been sent down to the countryside.[104]

Only one of those described in the biographies of the *Qilu yiyuanzhi*, You Jiajun died before the fall of the so-called "Gang of Four" in 1976 that signalled an end to the repressive "feudal-fascist"[105] chaos of the Cultural Revolution. Yet four of the Cheeloo graduates died within two years of the end of this period, and although their pre-1956 accomplishments are recorded with great care, nothing thereafter is described.

The biographies of other Cheeloo Medical School graduates who survived the Cultural Revolution to be described in the *Qilu yiyuanzhi* point to professional excellence in a broad range of fields, dedicated graduate teaching, honours and publications, and less consistently, overseas study before 1949. The primary evidence for a continuity of the Cheeloo spirit is in their very devotion to their work demonstrated in their accomplishments that were nationally and internationally recognized. Also notable was their willingness to continue working in old age in the 1980s and 1990s to pass on their knowledge and research methods to the young generation because the generation of the Cultural Revolution did not develop high level research and technical skills.

---

[103] *Qilu yiyuanzhi*, 99.
[104] *Qilu yiyuanzhi*, 100.

In July of 1951, Sun Guiyu, "in order to render service to his motherland" demonstrated the Cheeloo spirit of self-sacrifice by politely refusing offers from his English teachers and friends to help him stay in the U.K., and "without hesitation returning to help rebuild China." Sun Guiyu (1916-1980, g. 1943) was a Cheeloo graduate who specialized in Ophthalmology, studied overseas at the University of London's Ophthalmic Research Institute until 1951. He returned to China to take up a position as assistant professor of Cheeloo University Medical School and head of the Ophthalmology Department. Publications and honours followed, as well as the training of "numerous professionals." According to his biography, Sun made such a "great contribution" to the study of ophthalmology in his "motherland," that he was given an entry in the Dictionary of Chinese Scientists (*Zhongguo kexuejia cidian*). Sun Guiyu joined the Democratic League in 1952, and in 1956 was recognized for excellence by his peers of the Shandong Provincial Health Organization.[106]

The *Qilu yiyuanzhi* biographies include some who seemed to make special contributions that allowed them to continue their careers during the Cultural Revolution. Xiao Gong, Zhang Xiaozhong and Hu Shengguang all managed to join the Communist Party. Xiao and Ding Shengling participated in the movement for Western-trained physicians to study Chinese

---

[105] Zhou Yang quoted in Howard Goldblatt (ed) *Chinese Literature for the 1980s: The Fourth Congress of Writers and Artists* (New York: Knopf, 1982), 15, translated by Betty Ting.

[106] *Qilu yiyuanzhi*, 717-718. The biography includes complete bibliographic information of the dictionary, *Zhongguo kexuejia cidian*, First modern edition (Xiandai diyi fenban), (Shandong Scientific Press, 1982).

medicine. Wang Tianduo and Zhang Xueyi seem to have escaped political movements through their extraordinary medical accomplishments.

Xiao Gong (1921-1998, g. 1948) participated in a three year training course in Shanghai to study Chinese medicine after which he became the first physician to combine Chinese and Western medicine in Shandong. From 1962 to 1981 he served as assistant director of the Chinese medicine department of the Shandong Medical College, with more than fifty publications, and in 1963 he joined the Chinese Communist Party and became a representative to the municipal People's Congress.[107] Ding Shengling (1924--, g. 1951) was a female medical graduate from Cheeloo who received numerous awards and publications at the national and international level for her work in obstetrics and gynecology, and she also participated in the 1956 movement for Western medicine to study Chinese medicine.[108]Zhang Xiaozhong (1922--, g. 1949), another female graduate of Cheeloo, became a famous pediatric surgeon by systematically treating many illnesses including childhood hereditary and immuno-deficiency illnesses. Zhang was given the award for most progressive hospital worker six times, an indication of the political astuteness that eventually allowed her to join the Communist Party in 1987.[109] Hu Shengguang (1926-1978, g. 1952), an accomplished heart surgeon, was allowed to join the Communist Party at the end of the Cultural Revolution (1976).[110]

Zhang Xueyi (1919--, g. 1947) worked in Tianjin Medical School before returning to Jinan for a career that extended through the 1990s, with highlights of his work as a surgeon including pioneering the use of alcohol to preserve variant bone types for use in healing bone tumors (1954), developing a method to shape skin and joints (1957), and further developing bone preservation techniques through freezing (1974). Zhang seems to have escaped severe damage to his career during the political movements of the Maoist period (despite joining the Democratic League in 1954), but only picked up momentum in the post-Mao reform era with a total of more than thirty publications, and memberships on many government and health committees, and is eulogized by his biographer as the top-bone surgeon at Shandong Medical University.[111] Wang Tianduo (1921--, g. 1950) is, according to his biographer, one of the most famous ENT specialists inside or outside of China, primarily because of a 1975 operation when he successfully executed the first complete throat amputation and replacement operation, with the patient recovering use of his throat. In 1978 Wang developed a method of operation on an extensive throat cancer, winning him an award from the health bureau, which he followed up with many other local and national awards, publishing his work in more than 150 articles.[112]

---

[107] *Qilu yiyuanzhi*, 725-6.
[108] *Qilu yiyuanzhi*, 728.
[109] *Qilu yiyuanzhi*, 727-8.

Like some of those listed above, Xu Qinglai, Sung Hongxian, Gao Xueqin, Hua Boxun and Zhang Maohong, all made important contributions to research and graduate teaching in their respective fields. Xu Qinglai (1927--, g. 1953) maintained his position as assistant professor specializing in diseases of the lung between 1958 and 1982, while also serving on several editorial committees. By the early 1990s, Xu had trained seven graduate students, received important prizes for his work and had authored more than 20 publications.[113] Sun Hongxian (1910-1979, g. 1938) was an Ear, Nose, Throat (ENT) specialist whose career included time in hospitals in Chengdu, Nanjing, Philadelphia and St. Louis, spending 1948 to 1949 studying at Washington University's medical school before returning to China in 1949,

---

[110] *Qilu yiyuanzhi*, 731-2.
[111] *Qilu yiyuanzhi*, 723-724.
[112] *Qilu yiyuanzhi*, 726.

perhaps in response to the call for intellectuals to rebuild China. Sun Hongxian made a "great contribution to his profession" by training large numbers of ENT professionals after 1963, and was given an entry in the Dictionary of Chinese Scientists.[114] Similarly, Gao Xueqin (1903-1978, g. 1931) was given accolades by his peers in 1956 after a distinguished career in Nanjing and Jinan specializing in infectious diseases, haematology, and tropical diseases and having studied in Philadelphia's Jefferson Medical College and Massachusetts Medical College in 1946-1947, and he also "passed his knowledge on to a new generation of research students."[115] Hua Boxun (1929--, g. 1954) moved up the ranks quickly from assistant professor to professor to head of the department after graduation. Most of his accolades are for accomplishments after 1980 when Hua trained twelve research students, was voted most outstanding professor of Shandong University (1985), published fifteen articles and compiled and assisted in compiling many important nationally published books on medical topics.[116] Zhang Maohong (1929--, g. 1954) developed a specialty in haematology after graduating from the seven year program of the former Cheeloo Medical School in 1954. By 1989, Zhang was recognized as one of the most important internal medicine teachers in Shandong province and described as being "extremely enterprising."[117]

Other graduates include Gao Xueliang (1915-1982, g. 1946), Zhang Jiyou (1929--, g. 1948), Zhang Gaobo (1919--, g. 1950), Zhang Youfang (1927--, g. 1951), Zhao Aizhen (1930--, g. 1951), Peng Wancheng (1924-1995, g. 1952), Gao Fuhua (1930-1981, g. 1952), Wang Yongti (1927--, g. 1954) and He Shoujian (1928--, g. 1954) who were given shorter biographies

---

[113] *Qilu yiyuanzhi*, 734.
[114] *Qilu yiyuanzhi*, 716-717.
[115] *Qilu yiyuanzhi*, 718-719.
[116] *Qilu yiyuanzhi*, 735-6.
[117] *Qilu yiyuanzhi*, 735.

in the Qilu History that reflect the same pattern of professional accomplishments and public contributions as their fellow Cheeloo alumni who stayed in China.[118]

Those who had studied at Cheeloo Medical School before 1949 and remained in China were able to contribute to building a modern health care system in the PRC that resolved many of the enormous problems that faced the early medical missionaries. Despite any persecution they experienced during the anti-intellectual movements, they were able to maintain a strong connection to their Chinese patriotic identity in a way that their peers outside of China could not. While those who stayed outside China after 1949 ultimately had a choice to return, there is only one confirmed case of a Cheeloo medical graduate who did so. This group of individuals, taken as a whole, seemed to overcome their lost decades with extraordinary achievements in medical science. While it is clear that all of the Cheeloo graduates described in the *Qilu yiyuanzhi* biographies took their professional careers very seriously, what is less clear is their actions during the extremely difficult circumstances of the political movements of the Maoist era. Some of them seemed to be relatively untouched by the anti-intellectual movements and continued making contributions during that time while others simply have a twenty-year gap in their professional development. It is unclear whether any of these Cheeloo graduates retained a Christian faith and morality in the PRC where those who continued to practise religious beliefs have been persecuted.

It seems that it might have been difficult for Cheeloo medical graduates to maintain a hybrid identity of the Cheeloo spirit that drew from both Christian morality and Chinese patriotism, for those who stayed outside China lost some of their ability to claim a Chinese patriotism and those in China were forced to displace Christian morality with a new, Maoist conception of sacrifice. What all of the alumni maintained of the Cheeloo spirit was their "high professional standards" that continued to give them a strong sense of identity wherever they were.

---

[118] *Qilu yiyuanzhi*, 736-8, 753-4, 756-8.

Conclusion: Morality in a Medical School

> We must all learn the spirit of absolute selflessness … A man's ability may be great or small, but if he has this spirit, he is already noble-minded and pure, a man of moral integrity and above vulgar interests, a man who is of value to the people.
>
> Mao Zedong, "In Memory of Norman Bethune"[1]

Moral discourse that included "selflessness" as one of its key components was not only important at Cheeloo Medical School, but was also a significant part of the Chinese Communist revolution. In particular, self-sacrifice was an important part of the discourse of the Chinese Communist Party, even if this emphasis has now been overshadowed by the re-emergence of a capitalist hedonism in China in the era of Deng Xiaoping (post 1978). As philosophical historian Jiwei Ci has argued, the original communist utopianism that Mao preached lauding asceticism and self-sacrifice in the present was not actually very far from hedonism because it was motivated by a materialist future of plenty for all. And the failed promises of the utopian dream that collapsed into a loss of meaning, moved into the current state of consciousness in China that Ci describes as hedonism.[2] The altruistic intention of the Cheeloo discourse of self-sacrifice stemmed not from a materialistic understanding of the world, but rather from a theistic belief that good needed no reward in this world.

In 1924, Cheeloo University President Dr. Harold Balme addressed this issue in a lecture entitled "Idealism or Self Protection." The hypocrisy of the Victorian Gilded Age had been exposed by the World War One, and idealism seemed to be dead as the British Lord Birkenhead, former Lord Chancellor in Prime Minister Lloyd George's Cabinet, championed the bald self-interest of "utilitarian individualism" to graduates at Glasgow University. No longer would the true motives of the individual and imperial will-to-power be hidden behind a façade of Christianized euphemisms; Birkenhead called for an end to idealism in national affairs that was "impracticable" and would lead to "a deadly source of national peril." Birkenhead elucidated the path to the "glittering prizes" of those who would be willing to use brute force and ignore twinges of conscience, for "the motive of self-interest not only is, but must be and ought to be the mainspring of human conduct," and "the desire of self-advancement is the only adequate incentive for labour and achievement."[3]

---

[1] Mao Zedong, *Selected Works*, vol. 2, (Beijing: Foreign Languages Press, 1965), 337-38.

In contrast, Balme the medical doctor, Fellow of the Royal College of Surgeons in England, called the Chinese graduates of Cheeloo University to a different paradigm of moral discourse. Balme recalled great moments in the battle between self-sacrifice and self-interest from ancient Greece and Rome to China. In the western tradition Marcus Aurelius taught that men existed for each other while in the eastern tradition Mencius praised Mozi who "loved all men, and to benefit mankind would have rubbed his body smooth from crown to heel."[4] Yet it was Jesus Christ who was the ultimate example of self-sacrifice for the sake of the world, and for Balme this was the very essence of Christ's teaching:

> Take no thought for your life, what ye shall eat or what ye shall drink; nor yet for your body, what ye shall put on. Is not the life more than meat, and the body more than raiment?;[5]

and

> What shall it profit a man if he shall gain the whole world, and lose his own soul?;[6]

But the answer to Birkenhead's individualism and to Christ's rhetorical questions was that,

> whosoever shall save his life, shall lose it; but whosoever shall lose his life, for My sake and the Gospel's, the same shall save it.[7]

---

[2] Jiwei Ci, *Dialectic of the Chinese Revolution: From Utopianism to Hedonism*, Stanford: Stanford University Press, 1994).

[3] Balme, *Cheeloo Papers*, 5.

[4] Balme includes the Chinese text he has translated, "Mozi jian ai mo ding fang zhong li tian xia wei zhi."

[5] Matt. 6:25.

[6] Matt. 16:26.

[7] Matt 10:39.

Balme understood the lure of nationalism for young Chinese in the wake of May Fourth 1919, but a narrow nationalism would not do. For Balme, it was the road of Christ's Cross that would "save and help your country."[8] Balme thus joined the modern duty of national cause with the spiritual call to take the narrow road of self-sacrifice. This type of life orientation seems rather weak next to the materialism of capitalist self-interest of Lord Birkenhead or the violent revolution proposed by the communist party, founded in China the same year as Balme's talk by Chen Duxiu who had flirted so closely with the social gospel of Christianity before turning to the revolutionary way. The discourse of communist confession in China would eventually echo the old Christian confession; where once Christ had called his followers to die to their sinful nature and accept the salvation offered by Jesus Christ, accused rightists now spoke of killing their "old and reactionary" selves and accepting the salvation of the Chinese Communist Party.[9] Even more remarkable is the similarity of Mao's call for revolutionary sacrifice and Balme's recounting of Christ's words; how Mao asked for "absolute selflessness" in the cause of the revolution while Christ asked for his followers to lose their lives for the sake of his own revolutionary message of grace.[10]

Yet the message of Harold Balme and Cheeloo Medical School was a barely audible voice against the thunder of nationalist sentiment dependent on a "Darwinian cosmos" widely accepted as the point of departure for students during this period. It was thus that individual action was insignificant in the face of vast social and historical forces. Even individuals were merely a combination of physical reactions to chemical-organic systems.[11] In contrast, Cheeloo introduced a cosmology based on Christian foundations that gave students a sense of moral grounding, when many students of non-missionary schools were cut off from their traditional familial moral grounding and left with a "vacuum of moral guidance."[12] I have argued that Cheeloo graduates had multiple resources to deal with the chaotic China they found themselves in that included their professional identity, Christian faith and morality and their own form of *ai guo* that sought to retain what was best of the Chinese heritage while contributing sacrificially to building a better China. And Cheeloo medical graduates seemed to do this better than their peers from St. John's or PUMC, while maintaining higher scientific standards than the missionary medical schools that shared similar ideals of service.

---

[8] *Cheeloo Papers*, 5.

[9] See the confession quoted in chapter three above, of Luo Longqi, head of the Democratic League.

[10] For more discussion on the long dialogue between Christianity and Communism in China see the biographies of Y.T. Wu and Deng Yuzhi: Gao Wangzhi, "Y.T. Wu: A Christian Leader Under Communism," and Emily Honig, "Christianity, Feminism, and Communism: The Life and Times of Deng Yuzhi," both in Daniel H. Bays, ed., *Christianity in China*, 338-352, and 243-262 respectively. See also Bob Whyte. *Unfinished Encounter: China and Christianity*. (London: Collins, 1988).

In chapter 1 we saw Cheeloo graduate Zhang Yaode fight against the tide of Chinese historiography about missionary medical schools to argue that Cheeloo medical graduates and the mission hospitals they staffed were on the front line in bringing the benefits of Western medicine to the majority of Chinese outside of the large cities. In chapter 2 we saw Cheeloo eventually develop a rural program to complement the original three goals of the medical school, and this was best represented in the work of Cheeloo graduate Li Yuren who joined with the rural reconstruction work of Liang Shuming, a work that was promising to expand before being aborted by the Japanese invasion. In chapter 3 we saw how Cheeloo alumni like Zhang Huixian demonstrated the best ideals of Cheeloo while also maintaining an individual stance that set him apart from his alma mater and former employer. Those like Zhang Yaode who did not return to China after 1949 struggled to maintain their professional careers while they could do little to serve China. Others like Zhao Changlin stayed on at Cheeloo through the turmoil of war and the upheavals of the Communist revolution, perhaps giving up a public representation of Christian identity, yet maintaining the moral imperative of selfless service nonetheless.

---

[11] Wen-Hsin Yeh, *Alienated Academy*, 240

The argument of this thesis, that a positive discourse of service and self-sacrifice and a commitment to professional excellence produced a tangible Cheeloo spirit in the medical graduates that affected their choices long after graduation, is no less potent given the evidence that this spirit was diluted for some of the Cheeloo medical graduates. In the West, where utilitarian individualism is now the "predominant paradigm for discourse about social morality,"[13] we are still amazed at physicians who give up lucrative practices to risk their lives working with non-government organizations like *Medicin Sans Frontieres* to bring health and healing to war-torn areas around the world. The momentous upheaval of Mao's China reveals that the imperative to "serve the people" was far more violent than the Christian injunction to sacrifice heard so clearly at Cheeloo Medical School, for "the people" Mao alluded to excluded class enemies, and "to serve" (the rest of) the people meant leading them in the struggle against class enemies. Anne F. Thurston, in her oral history of the lived experience of the Cultural Revolution, presents the decadelong movement as "a failure of morality" that rendered young people morally "illiterate," left those whose consciences were formed before the Cultural Revolution with a "profound sense of guilt," and all of China a society that is "morally adrift." Yet perhaps hope for the future of China is not as bleak as this, for just as the Cheeloo graduates who survived their "lost years" were rehabilitated to train new generations

---

[12] Yeh, *Alienated Academy*, 245.

[13] Richard Madsen, *Morality and Power in a Chinese Village*. (Berkeley: University of California Press, 1984), 10.

in technical medical skills, they also survived into the 1980s and 1990s to share their hard-earned moral wisdom with anyone with ears to hear.

Archives

Presbyterian Church, USA, Archives (Philadelphia).
United Church Archives, Victoria College, University of Toronto, Struthers Papers.
Yale Divinity School, United Board for Christian Colleges in China, RG 11.

Published Sources

Allen, Gene. "The Professionals and the Public: Responses to Canada: A People's History." *Histoire Sociale* 34, no. 68 (2001): 381-391.

Allito, Guy S. *The Last Confucian: Liang Shu-ming and the Chinese Dilemma of Modernity.* Berkeley: University of California Press, 1979.

A Modern School of Medicine in China: The Work of the School of Medicine, Shantung Christian University, Tsinan, China. Jinan: University Press, 1921.

Anderson, Benedict. *Imagined Communities: Reflections on the Origins and Spread of Nationalism.* London: Verso, 1983.

Andrews, Bridie J. "Tuberculosis and the Assimilation of Germ Theory in China, 1895-1937." *Journal of the History of Medicine and Allied Sciences* 52, no. 1 (1997): 114-157.

Arnove, Robert F.,ed. *Philanthropy and Cultural Imperialism: The Foundation at Home and Abroad.* Boston, Mass.: G. K. Hall & Co., 1980.

Balme, Harold. *A Criticism of Nursing Education: With Suggestions for Constructive Reform.* London: Oxford University Press, 1937.

_________. *China and Modern Medicine: A Study in Medical Missionary Development.* London: United Council for Missionary Education, 1921.

_________. *Chinese Revolution and Christian Union: A Practical Experiment in Christian Fellowship.* reprinted from the St. John's (Edinburgh) Magazine, 1928.

_________. "Idealism or Self Protection." In *The Cheeloo Papers.* Jinan: University Press, 1924.

_________. *What is Happening in China.* London: Edinburgh House Press, 1925.

Balme, Harold and Milton T. Stauffer "An Enquiry into the Scientific Efficiency of Mission Hospitals in China." Presented at the China Medical Missionary Association meeting in February 1920.

Bays, Daniel H., ed. *Christianity in China: From the Eighteenth Century to the Present.* Stanford: Stanford University Press, 1996.

Bianco, Lucien, translated Muriel Bell. *Origins of the Chinese Revolution, 1915-1949.* Stanford: Stanford University Press, 1971.

Billingsley, Phil. *Bandits in Republican China.* Stanford: Stanford University Press, 1988.

Bowers, John Z. *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951.* Philadelphia: Josiah Macy, Jr. Foundation, 1972.

Bretelle-Establet, Florence. "Resistance and Receptivity: French Colonial Medicine in Southwest China, 1898-1930," *Modern China* 25, no. 2 (April 1999): 171-204.

Brown, E. Richard. "Rockefeller Medicine in China: Professionalism and Imperialism." in *Philanthropy and Cultural Imperialism: The Foundation at Home and Abroad*, ed. Robert F. Arnove, 123-146. Boston, Mass.: G. K. Hall & Co., 1980.

Buck, David. *Urban Change in China: Politics and Development in Tsinan, Shantung, 1890-1949.* Madison: University of Wisconsin Press, 1978.

Buck, Peter. *American Science and Modern China, 1876-1936.* Cambridge: Cambridge University Press, 1980.

Bullock, Mary Brown. "American Science and Chinese Nationalism: Reflections on the Career of Zhou Peiyuan," in *Remapping China: Fissures in Historical Terrain*, ed. by Gail Hershatter, Emily Honig, Jonathan N. Lipman and Randall Stross, 210-223. Stanford: Stanford University Press, 1996.

________. *An American Transplant: The Rockefeller Foundation and Peking Union Medical College.* Berkeley: University of California Press, 1980.

________. "American Exchanges with China, Revisited." In *Educational Exchanges: Essays on the Sino-American Experience*, ed. Joyce K Kallgren and Denis Fred Simon, 23-43. Berkeley: Institute of East Asian Studies, 1987.

Chao, T.C. "Can Christianity be the Basis of Social Reconstruction in China?" *The Chinese Recorder* 53, no. 5 (May 1922): 312-318.

Chen, C. C. and Frederica M. Bunge. *Medicine in Rural China: A Personal Account.* Berkeley: University of California Press, 1989.

Chen Duxiu. "Jidujiao yu Zhongguo ren." (Christianity and the Chinese People) *Xin Qingnian* 7 no. 3 (1 February 1920). In *Christian Missions in China: Evangelists of What?* translated and reprinted by Jessie Lutz, 47-50. Boston: D.C. Heath and Co., 1965.

Chen, Kaiyi. *Seeds from the West: St. John's Medical School, Shanghai, 1880-1952.* Chicago: Imprint Publications, 2001.

China Handbook, 1937-1945: A Comprehensive Survey of Major Developments in China in Eight Years of War. New York: The MacMillan Company, 1947.

Chow Tse-tung. *The May Fourth Movement: Intellectual Revolution in Modern China.* Cambridge, Mass: Harvard University Press, 1960.

Ci, Jiwei. *Dialectic of the Chinese Revolution: From Utopianism to Hedonism*, Stanford: Stanford University Press, 1994.

Cohen, Paul. *Discovering History in China: American Historical Writing on the Recent Chinese Past.* New York: Columbia University Press, 1984.

Corbett, Charles. *Shantung Christian University (Cheeloo).* New York: United Board for Christian Colleges in China, 1955.

Deng, Peng. *Private Education in Modern China.* Westport, Conn. & London: Praeger, 1997.

Duara, Prasenjit. *Rescuing History From the Nation: Questioning Narratives of Modern China.* Chicago: University of Chicago Press, 1995.

Dunch, Ryan. *Fuzhou Protestants and the Making of a Modern China, 1857-1927.* New Haven: Yale University Press, 2000.

Esherick, Joseph. *The Origins of the Boxer Uprising.* Berkeley: University of California Press, 1987.

Faber, Knud. League of Nations Health Organization, *Report on Medical Schools in China.* Geneva: Series of League of Nations Publications, 1931.

Fairbank, John K. *The United States and China.* 3d ed. Cambridge, Mass.: Harvard University Press, 1971.

Fairbank, John K., ed. *The Missionary Enterprise in China and America.* Cambridge, Mass.: Harvard University Press, 1974.

Fairbank, J.K, A.M. Craig, and E.O. Reischauer. *East Asia: The Modern Transformation.* Boston: Houghton Mifflin, 1965.

Feldberg, Georgina D. *Disease and Class: Tuberculosis and the Shaping of Modern North American Society.* New Brunswick, NJ: Rutgers University Press, 1995.

Fenn, William Purviance. *Christian Higher Education in Changing China.* Grand Rapids, Mich.: Wm. B. Eerdmans, 1976.

Fergusun, Mary. *China Medical Board and Peking Union Medical College: A Chronicle of Fruitful*

Collaboration 1914-1951. New York: China Medical Board of New York, 1970.

Gao Wangzhi. "Y.T. Wu: A Christian Leader Under Communism," in *Christianity in China: From the Eighteenth Century to the Present,* ed. Daniel H. Bays, 338-352. Stanford: Stanford University Press, 1996.

Gellner, Ernest, *Nations and Nationalism.* Ithaca, NY: Cornell University Press, 1983.

Gilroy, Paul. *The Black Atlantic: Modernity and Double Consciousness.* Cambridge: Harvard University Press, 1993.

Goldblatt, Howard, ed. *Chinese Literature for the 1980s: The Fourth Congress of Writers and Artists.*New York: Knopf, 1982.

Gottschang, Thomas R. and Diana Lary. *Swallows and Settlers: The Great Migration from North China to Manchuria.* Ann Arbour: University of Michigan, 2000.

Hayhoe, Ruth. *China's Universities, 1895-1995: A Century of Cultural Conflict.* New York: Garland Pub., 1996.

Hershatter, Gail, Emily Honig, Jonathan N. Lipman and Randall Stross, eds. *Remapping China: Fissures in Historical Terrain.* Stanford: Stanford University Press, 1996.

Hevia, James L. "Leaving a Brand on China: Missionary Discourse in the Wake of the Boxer Movement," *Modern China* 18, no 3 (1992): 304-332

Honig, Emily. "Christianity, Feminism, and Communism: The Life and Times of Deng Yuzhi," in *Christianity in China: From the Eighteenth Century to the Present,* ed. Daniel H. Bays, 243-262. Stanford: Stanford University Press, 1996.

________. *Sisters and Strangers: Women in the Shanghai Cotton Mills, 1919-1949.* Stanford: Stanford University Press, 1986.

Houston, C. Stuart. *R.G. Ferguson: Crusader Against Tuberculosis.* Toronto: Hannah/Dundurn Press, 1991.

Israel, John. *Student Nationalism in China.* Stanford: Stanford University Press, 1966.

Jespersen, T. Christopher. *American Images of China, 1931-1949.* Stanford: Stanford University Press, 1996.

Jing Menjiang. "Huaren chongshang keyiye zhi guannian," (The Esteem in which the profession of scientific medicine is held in China). *Qilu yikan* 1, no 1 (1921):

Kallgren, Joyce K. and Denis Fred Simon, eds. *Educational Exchanges: Essays on the Sino-American Experience.* Berkeley: Institute of East Asian Studies, 1987.

Lary, Diana. *Warlord Soldiers: Chinese Common Soldiers, 1911-1937.* Cambridge: Cambridge University Press, 1985.

Latourette, K. S. *A History of Christian Missions.* New York: Russell & Russell, 1929.

Lei, Sean Hsiang-lin. "How did Chinese Medicine Become Experiential? The Political Epistemology of *Jingyan.*" *positions* 10, no 2 (2002): 333-364.

________. "From Changshan to a New Anti-Malarial Drug: Re-Networking Chinese Drugs and Excluding Chinese Doctors." *Social Studies of Science* 29, no 3 (June 1999): 323-358.

Lennox, W. G. "A self-survey by the mission hospitals in China." *Chinese Medical Journal* 46 (1932): 484-534.

Li, Anthony C. *The History of Privately Controlled Higher Education in the Republic of China: An Abstract of a Dissertation.* Westport Conn.: Greenwood Press and the Catholic University of America Press, 1954.

Li Dezheng. "Congshu ziliao kan Qilu daxue yu Shandong jindaihua de guanxi." (The Significance of Cheeloo University to the Modernization of Shandong: A Study from the Oral Tradition). In *Zhongguo jiaohui daxue lishi wenxian yantaohui lunwen zhi*, ed. Ng Tze-ming, 73-84. Hong Kong: Chinese University Press, 1995.

Li Guizhen (Obituary). http://www.ent.iastate.edu/fleanews/fleanews59.html, accessed June 22, 2004.

Li Zhisui. *The Private Life of Chairman Mao.* New York: Random House, 1994.

Liu, Judith, and Kelly, "St. Hilda's School for Girls." in *Christianity in China: From the Eighteenth Century to the Present*, ed. Daniel H. Bays, Stanford: Stanford University Press, 1996.

Lo, Ming-cheng M. "Between Ethnicity and Modernity: Taiwanese Medical Students and Doctors under Japan's Ko-minka Campaign." *positions* 10, no 2 (2002): 324, n. 22.

Lu Xun. "Father's Illness." In *Dawn Blossoms Plucked at Dusk*, trans. Yang Hsien-yi and Gladys Yang. Beijing: Foreign Languages Press, 1976.

Lucas, AnElissa. *Chinese Medical Modernization: Comparative Policy Continuities, 1930s-1980s.* New York: Praeger Publishers, 1982.

Lutz, Jessie G. *China and the Christian Colleges, 1850-1950.* Ithaca: Cornell University Press, 1971.

________. "Chinese Nationalism and the Anti-Christian Campaigns of the 1920s," *Modern Asian Studies* 10, no. 3 (1976): 395-416.

________. *Chinese Politics and Christian Missions: The Anti-Christian Movements of 1920-28*. Notre Dame: Crossroads Books, 1988.

________. ed. *Christian Missions in China: Evangelists of What?* Boston: D.C. Heath and Co., 1965.

Madsen, Richard. *Morality and Power in a Chinese Village*. Berkeley: University of California Press, 1984.

Mao Guanghua. "Jidujiao zai Henan sheng de chuanbo yu xifang yixue de chuanren," (Spreading of Christianity and Western Medicine into Henan Province) *Zhonghua yishi zazhi* 25, no. 4 (October 1995): 211-215.

Mao Zedong, *Selected Works*. (Vol. 2, 3). Beijing: Foreign Languages Press, 1965.

McHardy, R. S. "The Contribution of Hebrew Prophecy to Modern Life." In *The Cheeloo Papers*. Jinan: University Press, 1924.

Meisner, Maurice. *Mao's China and After: A History of the People's Republic*. (Rev. ed.) New York: The Free Press, 1986.

Middleton, J. Richard and Brian J. Walsh. *Truth is Stranger than it Used to Be: Biblical Faith in a Post-modern Age*. Downers' Grove, Ill.: Intervarsity, 1995.

Minden, Karen. *Bamboo Stone: The Evolution of a Chinese Elite*. Toronto: University of Toronto Press, 1994.

Munroe, Scott. *McClure: The China Years*. Markham, Ont.: Penguin, 1985.

Ng Tze-ming, ed. *Zhongguo jiaohui daxue lishi wenxian yantaohui lunwen zhi* (Papers from the Symposium on Historical Documents of the History of the China Christian Universities), Hong Kong: Chinese University Press, 1995.

Order-in-Council 14-15 George V. Chapter 99 "An Act to incorporate Shantung Christian University" [Assented to 19th July, 1924.] vol. II-6, pp. 81-84, found in Presbyterian Church (USA) Archives (PCUSA) RG 82-25-9.

Peake, Cyrus. *Nationalism and Education in Modern China*. New York: Columbia University Press, 1932. Reprint, New York: H. Fertig, 1970.

Perry, Elizabeth J. *Rebels and Revolutionaries in North China, 1845-1945*. Stanford: Stanford University Press, 1980.

Qilu yikan (Tsinan Medical Review).

Rothman, Sheila M. *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*. Baltimore: The Johns Hopkins University Press, 1995.

Rubinstein, Murray A. "Religion, Revolution, and Anti-foreignism: The Anti-Christian and Anti-Missionary Movements as Societal Catharsis and Ideological Statement, 1919-1928." *American Asian Review* 4, no. 4 (Winter 1986): 1-28.

Rural Reconstruction in Tsouping. December 1935.

Schlesinger, Jr., Arthur. "The Missionary Enterprise and Theories of Imperialism." In *The Missionary Enterprise in China and America*, ed. J. K. Fairbank, 336-373. Cambridge, Mass.: Harvard University Press, 1974.

Shandong daxue Qilu yiyuanzhi. (The History of Cheeloo Hospital of Shandong University, 1890-2000), compiled by *Weiyuanhui* (Committee). Jinan: Shandong University Press, 2000.

Shapiro, Hugh. "The Puzzle of Spermatorrhea in Republican China." *positions* 6, no 3 (Winter 1998): 551-596.

Shields, Randolph T. *Training Christian Physicians for China: School of Medicine, Cheeloo University, Tsinan, China*. publicity brochure published by the University Press, c. 1935.

Sili Qilu daxue Longshanzhen nongcun fuwu she baogao shu. (Report of Cheeloo Rural Institute at Lung-shan) December 1932.

Smith, Graeme. "Ship's Passage Opens Old Wounds for Inuit," *Globe and Mail*, 10 September 2004, sec. A, p. 1, 8.

Spence, Jonathan D. *To Change China, Western Advisors to China*. Boston: Little, Brown, 1969.

Stevens, George B. *The Life, Letters, and Journals of Peter Parker*. Boston: Congregational Sunday School & Publishing Society, 1896.

Sutton, Donald. "Pilot Surveys of Chinese Shamans, 1875-1945: A Spatial Approach to Social History." *Journal of Social History* 15, no 1 (Fall 1981): 39-50.

Tao Feiya. "Qilu daxue de lishi ziliao yu lishi yanjiu" (On the Archives and Historical Studies of Cheeloo University). In *Zhongguo jiaohui daxue lishi wenxian yantaohui lunwen zhi*, ed. Ng Tze-ming, 57-72. Hong Kong: Chinese University Press, 1995.

The Cheeloo Papers. Jinan: University Press, 1924.

The Cheeloo Rural Institute: Report for the Year ending June 1, 1934.

The Chinese Medical Directory, 1932. Shanghai, Chinese Medical Association, 1932.

"The Christian Church and Rural Reconstruction." *The Chinese Recorder* 52, no. 10 (October 1921): 696-703.

"The Tang Pu's Attack on Shantung Chirstian University," by Eyewitness, published under as a series of articles in the Tsingtao Times, Shantung of 12-16 March 1930.

Thurston, Anne F. *Enemies of the People.* New York: Alfred A. Knopf, 1987.

Wang, Chen-main. "The Response of Chinese Protestants to the Challenge of Nationalism, 1925-1928." *American Asian Review* 5, no. 3 (Fall 1987): 46-61.

West, Philip. *Yenching University and Sino-Western Relations, 1916-1952.* Cambridge and London: Harvard University Press, 1976.

Winfield, Gerald F. *China: The Land and the People.* New York: Wm. Sloane Assoc., Inc., 1948.

Whyte, Bob. *Unfinished Encounter: China and Christianity.* London: Collins, 1988.

Xu, Xiaoqun. "'National Essence' vs. 'Science': Chinese native physicians' Fight for Legitimacy, 1912-1937." *Modern Asian Studies* 31, no. 4 (1997): 847-877.

Yip, Ka-che. *Health and National Reconstruction in Nationalist China: The Development of Modern Health Services, 1928-1937.* Ann Arbor, Michigan: Association for Asian Studies, 1995.

________. "Nationalism and Medicine in China: A Bibliographic Essay." *Canadian Review of Studies in Nationalism* 10, no. 2 (1983): 189-193.

Yeh Wen-hsin. *The Alienated Academy: Culture and Politics in Republican China.* Cambridge: Harvard University Asia Center, 1990.

Young, David, Grant Ingram, Ming Liu & Constance MacIntosh. "The Dilemma posed by minority medical traditions in pluralistic societies: the case of China and Canada." *Ethnic and Racial Studies* 18, no. 3 (July 1995): 494-513.

Young, Theron Kue-hing. "A Conflict of Professions: The Medical Missions in China, 1835-1890." *Bulletin of the History of Medicine* 47, no. 3 (May-June 1973): 254.

Zhang Yaode. "Guomin zhengfu shiqi Zhongguo yiyao weisheng gaikuang," (The Situation of China's Medicine and Health under the Republican Government) *Zhonghua yishi zazhi* 22, no. 3 (1992): 151-157.

Zhongguo kexuejia cidian (Dictionary of Chinese Scientists). [Xiandai diyi fenban]. Shandong

Scientific Press, 1982.

Zhonghua yishi zazhi (Chinese Journal of the History of Medicine).

In all its work, the School keeps in view three ideals:--

High professional standards. For admission to the School, students must have completed both their secondary training and a thorough two-year pre-medical course. The medical course itself requires five years, the last of which is an interne year.

Instruction in Chinese. Realizing that instruction can be available for any large proportion of the students of a country only as it is given in their native tongue, the School has always carried on it work through the medium of the Chinese language. A majority of the Publication Committee of the China Medical Association are members of the faculty of the School of Medicine, so this school has taken the lead in making modern medical science truly indigenous to China. Knowledge of the English language is required for entrance and instruction in English is part of the curriculum. Most graduates have a working knowledge of English and can therefore use English medical literature.

Development of Christian character. Only the spirit of the Great Physician can overcome the selfish commercialism which has retarded and debased earlier medical practice and can raise the new profession to high ideals of unselfish service. The School has always been permeated by a strikingly sincere and purposeful Christian atmosphere. The Medical graduates, of whom more than ninety per cent are professing Christians, are as a rule characterized by a fine spirit of service.

*Source: *Training Christian Physicians for China: Shantung Christian University School of Medicine, Tsinan, China*, (c. 1926)

1. Name (English and Chinese)
2. Permanent Address
3. Present Occupation
4. Name of Employer
5. Business Address
6. Specific work you are studying or training for
7. Are you a Christian?
8. What denomination?
9. Date of Birth
10. Place of Birth
11. Married?
12. Father's Occupation
13. Did either parent attend a Christian College?
14. Which college?
15. Middle school attended and location
16. Christian College attended (Dates)
17. Degree received and major subject in college
18. Scholastic and other honours received
19. What athletic teams were you a member of?
20. To what dramatic, debating, music or language clubs did you belong?
21. Have you attended college in any other country? (not U.S.)
22. Have you attended college in the U.S.?
23. College or University attended (Location, Dates, Degrees received)
24. Scholarships or other honors
25. Extra-curricular activities
26. What do you consider the most important work you have done since leaving college?
27. What type of work was it?
28. How would you classify yourself—Banker, educator, lawyer, business man, etc.?
29. What are your hobbies?
30. Where were you and what did you do during the war?
31. Please tell briefly about any unusual experiences you have had—for example: Were you interned, captured, bombed, etc.? These experiences need not be limited to military activities.

* Source: Yale Divinity School, United Board for Christian Colleges in China (UBCCC), RG 11-35-908

(I found at least two different forms of the questionnaire, this is the long form.)

*Appendix C: Medical Schools in China in 1932**

Medical School	City	Est. Date	Fac. f/t	p/t	Lang.	Students	Graduates	Budget[1]
Aurora Univ.	Shanghai	1903	8	2	French	85	67	n/a
Cheloo Univ.	Jinan (Tsinan)	1909	36	0	Chinese	106	246	$162,000
Hackett Medical College	Guangzhou (Canton)	1899	18	16	Chinese & English	50	201	n/a
Honan Univ.	Kaifeng, Henan	1929	10	5	Chinese and German	73	None	$50,000
Hsiang-Ya Medical College	Changsha (Changxia)	1914	10	5	Chinese & English	34	51	$195,690
Mukden Medical College	Shenyang (Mukden)	1910	27	4	Chinese	91	193	$350,202
Nan-Tung Univ.	Nandong, Jiangsu	1911	13	6	Chinese, German & English	376	216	n/a
National Central Univ.	Shanghai	1927	32	5	Chinese & English	68	12	$240,000
National Peiping Univ.	Beiping (Peiping)	1912	20	2	Chinese	192	465	$228,000
National Tung-chi Univ.	Shanghai	n/a	16	0	German	210	195	$168,800
Peiping Union Medical College	Beiping (Peiping)	1915	70 and assistants	0	English	98	78	$1.3 million silver, $456,164 silver, etc.
St. John's Univ.	Shanghai	1906 (1880)	7	20	English	53	113	$51,000 and mission $

Tung Teh Med. Sch.	Shanghai	1918	5	12	Chinese & English	175	151	Tuition
West China Union Univ.	Chengdu (Chengdu), Sichuang	1914	33	11	English & Chinese	43	47 DDS 11	$60,000 Gold
Women's Christian Medical College	Shanghai	1924	17	14	English	25	15	$180,000
Yunnan Army Medical College	Kunming (Kwun-Ming)	1931	15	0	Chinese, Japanese, German	160	0	$30,000

*Source: *The Chinese Medical Directory 1932* (Third Edition), Shanghai: The Chinese Medical Association, 1932, pp. 30-34.

*Appendix D: Translations at Cheeloo, 1931-1937**

1931
English-Chinese Medical Lexicon (new edition)
Chinese-English Medical Dictionary (new)
Appendix to *Pediatrics*
Appendix to *Medicine*
Introduction to Local Anaesthesia
Rose & Carless, *Surgery* (new translation)
Stitt, *Bacteriology and Parasitology* (revised edition)
Minor Surgery
Epitome of Materia Medica
Diseases of the Skin (revised edition)
Holt, *Care & Feeding of Children* (revised edition)
Surgical Note-taking (revised edition)

1932
Stitt, *Bacteriology* (revised edition) (Dr. McAll)
Stitt, *Parasitology* (revised edition) (Dr. Shields)
Diseases of the Skin (revised edition) (Dr. Heimburger)
Care & Feeding of Children (Dr. Scott)

1933
Delafield & Prudden, *Pathology* (Dr. Hou)
Pathological Histology (Drs. Hou & Mosse)
Rose & Carless, *Surgery* (Retranslation) (Dr. Ingle)
Useful Drugs (new edition) (Dr. Kiang)
Eden & Holland, *Obstetrics* (Mr. Leo)
Cunningham, *Practical Anatomy* (Mr. Leo)
English-Chinese Lexicon Appendix (Mr. Leo & Dr. McAll)
Cameron, *Biochemistry* (Mr. Li Tsan Wen)
Holt, *Diseases of Children* (Retranslation) (Drs. McAll & Gillison)
May, *Eye Diseases* (Revision) (Dr. McAll)

1934
Useful Drugs (new edition) (Dr. Kiang)

1935
Pathological Histology (Drs. Hou and Mosse)
Stitt, *Practical Blood Work* (new edition) (Dr. Kiang)
English-Chinese Lexicon (new edition) (Mr. Leo & Dr. McAll)
British Red Cross, *First-Aid Manual* (Mr. Leo)
Experimental Physiology (Dr. Kilborn & Dr. Evans)
Osler, *Medicine* (Reprint with revised appendix) (Mr. Leo & Dr. Struthers)
Rose & Carless, *Surgery*
Cunningham, *Practical Anatomy Volume 1* (Mr. Leo)
Eden & Holland, *Obstetrics* (Mr. Leo)

Easy Chinese Medical Reader (Dr. McAll)
Cameron, *Biochemistry* (Mr. Li Tsan Wen)

1936
Cunningham, *Practical Anatomy Volume 2* (Mr. Leo)
Physiotherapy (Miss Nunn & Dr. Ingle)
Hare, *Therapeutics* (revised & enlarged) (Dr. Ingram & Mr. Leo)
Stengel, *Pathology* (reprint) (Dr. McAll)
Hutchison & Rainy, *Clinical Methods* (reprint) (Dr. McAll)
Care & Feeding of Infants & Children (revised & enlarged) (Dr. Scott & Mr. Leo)
Laboratory Manual of Bacteriology (Drs. C.E. Lim & T. Li)
Venereal Diseases; Surgeon General, U.S. Army (revised) (Dr. T. Stearns & Mr. Leo)

In process of translation or preparation:
Delafield & Prudden, *Pathology* (Dr. Hou)
Tidy, *Synopsis of Medicine*
Blacklock & Southwell, *Human Parasitology, A Guide to*
Shattock, *Surgical Diagnosis*
Turner, *Ear, Nose & Throat*
Embryology & Developmental Anatomy
Zinsser, *Bacteriology* (revision)

1937
Halliburton, *Physiology* (revision) (Dr. Y.P. Ch'en & Dr. Evans)
Cunningham, *Practical Anatomy Volume 3* (revision) (Mr. T.C. Leo)
Wheeler & Jack, *Handbook of Medicine* (new translation) (Drs. McAll & Chang)
Bruce & Dilling, *Materia Medica* (Mr. Pailing, Liu Kuo Hua)
Miles & Wilkie, *Operative Surgery* (Dr. Ingle)
Appendix to May's Eye Diseases (Dr. McAll)
Appendix to Medical Lexicon (Dr. McAll)
New Chart on Health Examination (Mr. T.C. Leo)

*Source: *Report of the School of Medicine for Cheeloo University* (Shantung Christian University) 1931 to 1937, inclusive. All references have been standardized and redundancies have been removed favouring the latest date of publication, rather than an earlier date indicating a possible publication date.